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Massachusetts WIC Program

STATE PLAN

Fiscal Year 1991

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THE COMMONWEALTH OF MASSACHUSETTS
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Massachusetts WIC Program

FY 91 STATE PLAN

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STATE PLAN

Section 1: State Agency Goals and Objectives

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MASSACHUSETTS WIC PROGRAM GOALS AND OBJECTIVES

INTRODUCTION

A federal program supplemented by state funds, the Massachusetts WIC Program provides nutrition education and counseling, makes health care and social service referrals, and distributes vouchers for nutritious foods to low-income pregnant and postpartum women, infants and young children certified as medically or nutritionally at risk. WIC also distributes coupons redeemable at community farmers' markets for fresh produce. In carrying out these mandates, WIC works in collaboration with health care providers and other health and human service agencies to provide coordinated, comprehensive services to families in need. WIC is proven effective in reducing infant mortality and morbidity and in improving participant health outcomes.

The Massachusetts WIC Program functions as part of the Department of Public Health. WIC is a division within Health Promotion and its Bureau of Parent, Child and Adolescent Health. As such, WIC works directly with other maternal and child health programs which are part of the Bureau of Parent, Child and Adolescent Health, particularly its Healthy Start, Office of Nutrition, Maternal and Child Health, Adolescent Services and Early Childhood programs, and the Bureau of Community Health, with its Primary Care, Maternal and Infant Care, and Children and Youth programs. The WIC Program also collaborates with the Bureau of Substance Abuse Services on drug and alcohol issues affecting women and children. Strong intra-agency networking and lateral communication through the Department's matrix organization and committees on key initiatives - such as infant mortality, AIDS, and adolescent services - ensures integrated policy development, planning and program implementation.

A statewide network of 35 local programs with 100 sites and 700 retail stores in communities across the Commonwealth supports WIC Program activities. Quality nutrition services, focused on individual service needs, form the centerpiece of the Program, and particular emphasis is placed on providing services to high risk populations, including prenatal and breastfeeding women, medically at-risk infants and children, members of ethnic minority groups, new immigrants, and pregnant adolescents. This participant focus is buttressed by the involvement of the multi-faceted Massachusetts WIC community - local agency and program staff, Advisory Council members, participants and advocates - with the state agency in identifying problems, developing solutions and affecting program improvement. WIC must also maintain a computer system to produce and account for over 375,000 food checks a month and a banking services contract to process and reconcile the checks. Federal regulations and monitoring and evaluation requirements are a critical component of WIC program operations.

Now at a monthly level of 78,700 participants, services are at operational and funded capacity; maintenance of service levels is dependent on increases in productivity, and increases in service are dependent on the addition of new local program staff and space as well as the rate of inflation in WIC food costs.

Fiscal Year 1991 Goals and Objectives

Massachusetts WIC's overall focus for FY 91 is to improve program services, capacity and systems in order to provide services to the greatest number of eligible women, infants and children within the constraints of available funding for WIC foods and nutrition services and operations.

Initiatives in FY 91 are planned to facilitate participant access to services and improve nutrition and other WIC services:

- o review and revise WIC Program nutrition, program and food delivery policy and procedures to reduce barriers to timely certifications and services to eligible persons, especially ethnic and cultural minorities
- o improve service capacity, improve productivity, and increase time available for participant services through the implementation of the new management information system, WIC 2
- o enhance breastfeeding promotion activities
- o further develop and implement WIC program education and referrals for participants with regard to substance abuse
- o enhance coordination of WIC participant services, including eligibility procedures, within the Department of Public Health, especially with the maternal and child health programs and with the Department of Public Welfare, particularly MCH-Medicaid
- o expand outreach activities to reach high risk, priority clients, especially pregnant teens/women and infants
- o enhance food cost management systems.

The goal for FY 91 statewide monthly participation is approximately 78,700 individuals, to be jointly funded by federal and supplemental state funds. Dependent on the rate of inflation and levels of federal funding, monthly participation and food cost savings, this goal will be reassessed mid-year. Services and benefits should be provided to:

- 13,915 women, 18,890 infants, and 45,895 children
- 53% of the eligible population (based on a March, 1987 estimate of 148,059 eligibles).

This number includes approximately 74,000 participants to be served with federal funds. This caseload is based on the following assumptions:

- o a 6% increase in the federal allocation for food
- o maintenance of the current infant formula price enhancement
- o a 6% increase in the annual cost of the average food package.

If any of these factors changes, an adjustment will be made in the number of participants to be served each month.

Review of Fiscal Year 1990 Goals and Objectives

During FY 90, the Massachusetts WIC Program's overall goal was to stabilize program operations and improve program capacity and management systems in order to provide services to the greatest number of eligible persons within the constraints of available funding for WIC foods and nutrition services and operations. Program activities toward this goal were significantly aided by additional funds from the United States Department of Agriculture. Program highlights include:

- o Caseload Expansion

  Assigned caseload was increased in January, 1990 to 78,500 per month, as a result of Massachusetts receiving federal expansion dollars and food cost savings activities undertaken last year. Active participation increased steadily during the winter and spring, reflecting strong demand due to increased prenatals as well as economic conditions, particularly higher food costs and unemployment.

  Program participation reflected continued emphasis on high risk, minority populations: over 70% of Massachusetts WIC participants are in Priorities 1-3 and 55% are members of minority groups.

- o Local Program Capacity

  As part of the ongoing initiative to more adequately fund local WIC programs, local program service capacity was improved in FY 90. In addition to the 4,650 cases added statewide to local program assignments in January, full-time staff was augmented by eleven FTEs and existing staff salaries were improved based on the FY 90 Salary Study. Funds were provided for implementation of the new management information system, WIC 2. Average funding per participant increased by $5.24 to $111.63 for FY 91 contracts as total local program contract dollars increased $927,819 from the previous year's levels.

- o Culturally Appropriate Nutrition Education and Services

  WIC continued its commitment to bicultural, bilingual services and nutrition education; such staffing provides participants with greater access to WIC services as well as better quality services. The Southeast Asian Project was renamed the Special Target Populations Project (STP) and expanded to include Haitians and Central Americans. The WIC Multicultural Task force, comprised of bilingual, bicultural local program staff, was formed to: 1) develop multicultural nutritional assessment tools and education and training materials, 2) facilitate the translation of existing materials into appropriate languages, 3) develop strategies for conducting outreach to different cultural groups, and 4) identify strategies to increase breastfeeding rates among cultural groups.

  A staff census was conducted to identify bilingual/bicultural staffing patterns to assure provision of culturally-appropriate nutrition services. Recommendations for local program staffing patterns have been incorporated into contracts. Provision of culturally appropriate services is monitored at site visits.

A report entitled "Comparison of Participant and Staff Ancestry/Race" compared data on ancestry/race with regard to population, WIC participation and WIC staffing at local programs. This data indicates that the Massachusetts WIC Program: 1) serves a greater percentage of minority/ethnic individuals than exists in the general population; and 2) provides the majority of services with bilingual/bicultural staff. WIC now serves approximately 21,275 Hispanics, 5,810 Asian/Pacifics, and 15,935 Blacks a month.

o New EDP System - WIC 2

Phase 1 of the new MIS system was completed early in the fiscal year. All local programs now input participant and vendor data by diskette, thereby eliminating paper input forms, minimizing input errors and streamlining local program operations. A major benefit of Phase 1 has been the training, technical assistance and hands-on experience local program staff have received on microcomputer in advance of WIC 2.

The contract for the development and implementation of WIC 2 was awarded to Andersen Consulting. For FY 90, USDA allocated $450,000 in discretionary funds and additional operational funds were budgeted for this project. Work has commenced on the design and development of the related computer program, which is an adaption of the Illinois WIC Program's new computer system. Utilization of this modification strategy is saving significant monies as compared to designing a completely new customized system. Work is proceeding on schedule: new system implementation will be phased in beginning with three local programs during the winter of 1991.

The proposed design is for a decentralized, distributed system which integrates the state mainframe with local program microcomputers and will print food checks at local WIC programs. The new system will increase local program productivity, improve the accuracy, accountability and timeliness of WIC vouchers, and generate data consistent with the statewide nutrition surveillance and other data systems. The result will be expanded capacity to serve greater numbers of eligible participants as well as improved healthcare planning, evaluation and management.

o Infant Formula Price Enhancement System

The Infant Formula Price Enhancement System (IFPES), comprising a contract to purchase all standard infant formula from Mead Johnson Nutritionals, successfully completed its first year of operation. The use of non-contract standard formula by participants has remained low. Due to high food cost inflation in FY 89 and FY90, these recycled federal funds are paying for services to a significant number of participants currently on WIC.

Massachusetts WIC received a Commonwealth of Massachusetts citation of outstanding performance for its work on IFPES. The implementation of IFPES was the major activity of the Program during FY 89 and required significant contributions from all staff.

o Coordination with Medicaid/Healthy Start

WIC, Healthy Start and the Medicaid program collaborated on a number of on-going activities to facilitate program coordination and enrollment of eligible pregnant women, infants and children in the respective programs. Both MCH-Medicaid and Healthy Start provided training to local WIC program directors and senior nutritionists on Welfare-Medicaid and Healthy Start eligibility and benefits and case management procedures. The training manual for Welfare Case Managers includes WIC information. Referrals of eligible individuals are occurring between the Programs. The WIC intake form denotes enrollment in or referrals to Medicaid or Healthy Start. All Medicaid and Healthy Start applicants are asked about WIC participation. Medicaid client materials now include a description of WIC, and case managers' referrals to WIC are counted in local Welfare Office performance evaluations. The Department of Public Welfare conducts quarterly mailings to new prenatals and infants under 9 months of age enrolled in the AFDC and Medicaid Programs. The WIC brochure for physicians has been distributed by Project Good Health, and the Project has included WIC in its list of services for children. The Healthy Start program is WIC's contact for individuals applying for Medicaid presumptive eligibility determination. The WIC "invitation" and Medical Referral Form are included in all Healthy Start mailings to prenatal applicants.

o Farmers' Market Coupon Program

As part of a coordinated effort with the Massachusetts Department of Food and Agriculture, approximately 38,550 participants at twenty-five local WIC programs were provided with $10 worth of coupons redeemable for fresh fruits and vegetables at fifty-two community farmers' markets. These fresh fruits and vegetables complement the foods provided to WIC participants. Total funding for the Farmers' Market Coupon Program in the 1989 growing season was $379,222, including $235,000 of federal funds for the first year of a three-year grant awarded Massachusetts for WIC participants. Over 173 farmers participated in the Program and increased average sales by $1,542. Elderly nutrition programs and homeless shelters also distributed coupons to their clients.

o Substance Abuse and AIDS

In conjunction with the Bureau of Substance Abuse Services, training was given to all local program staff in order to raise staff awareness on substance abuse and facilitate identification of participants with abuse problems and subsequent referrals. Local WIC programs have been provided with directories of treatment and counseling programs for use in referring participants to services and education. Materials on substance abuse treatment and services have been provided for distribution to participants. WIC nutrition staff worked with the MCH nutrition staff director on the development, translation and printing of two flyers on nutrition for individuals with HIV/AIDS. A policy on breastfeeding and HIV/AIDS, based on the Centers for Disease Control's breastfeeding policy, has been developed.

o Outreach

WIC increased the number of Priority I participants by 2,430 in the period from May 1989 through June 1990. Statewide outreach activities included: mailings to OB/GYN and pediatric doctors, hospitals' nutrition and social service departments and Medicaid recipients; development of PSAs, read by TV personalities, for statewide distribution on radio and TV; development of car cards for MBTA and other buses and subways; development, printing and distribution of two brochures: "The Massachusetts WIC Program Invites You..." and "Your WIC Referrals Mean Healthier Children in Massachusetts; insertion of the "invitation" brochure in hospital reservation packets; establishment of referral networks, protocols and cross-training with Healthy Start and Medicaid case managers; and submission of a proposal to USDA for a teen outreach campaign coordinated with MCH-nutrition.

o Vendor Compliance

WIC staff continued to investigate and disqualify food vendors abusing the WIC Program. Twenty-two vendors were investigated and 20 vendors disqualified, with 9 fair hearings held. All of the WIC Program's decisions were upheld. Another 6 disqualifications are underway, as of June 1990. Staff recovered funds totalling $37,895 from disqualified vendors and is working with the Attorney Generals' office to recover money from other vendors who have been assessed monetary claims.

o WIC Conference

The statewide WIC conference, "WIC: Building for the Future" was held in Worcester in November 1989. This conference was attended by approximately 325 local WIC program staff, staff from the Rhode Island WIC Program and the Department of Public Health. The USDA Regional WIC Director and Nutritionist also attended. David H. Mulligan, Commissioner of the Department of Public Health, addressed the conference and presented awards to each local WIC program. In addition to keynote speakers, twenty-one workshops on varying topics were held.

o Food Package Survey

The Massachusetts WIC Program conducted a national Food Package Survey to ascertain state WIC program activities with regard to cost savings changes in food packages and voucher messages. Survey results from forty state WIC programs indicated that several programs had undertaken food package changes which disallow higher priced items in order to maximize participation by saving food costs without changing the nutritional quality or quantity of foods offered. At the same time, state WIC programs have added or changed voucher messages to emphasize cost effective shopping or other consumer activity.

Considering the number and range of items available for WIC food items, a significant narrowing of participant choice or nutritional quality by state WIC programs was not apparent at the time the survey was taken. Massachusetts WIC was in the middle in terms of numbers of items and variety in food packages -- overall, significantly more than the most stringent states but less than others.

FISCAL YEAR 1991 GOALS AND OBJECTIVES

ADMINISTRATION AND MANAGEMENT

To provide leadership within the WIC system in order to maximize the effectiveness of the delivery of WIC services across Massachusetts.

The primary Administration and Management objectives for FY 91 are:

1. To provide WIC services to 78,700 participants each month in their communities across the state, with mid-year review and revision of supportable caseload as determined by available funding.

   A. Continue to coordinate WIC outreach and referrals with other health and social services at the state and local level, particularly with regard to high priority, high risk participants.

   B. Monitor caseload activity and distribution among catchment areas.

   C. Increase capacity to serve participants at the local program level, including FTEs and staff salaries, within budgetary constraints.

   D. Expand participant access to services.

   E. Enhance coordination of WIC participant services, emphasizing cross referrals, eligibility procedures, and joint outreach activities within the Department of Public Health, especially with the maternal and child health programs in the Bureaus of Parent, Child and Adolescent Health and Community Health.

2. To improve the efficiency, accountability and usefulness of the EDP system to enhance program management, streamline local program operations and improve staff productivity, increase time for participant-centered nutrition education and health related programming, and improve data availability for nutrition surveillance, program planning, monitoring and evaluation.

   A. Continue development and implementation of WIC 2 - the new EDP system as outlined in the federal Systems Project Plan and contracted for with Andersen Consulting.

   B. Maintain current EDP system with modifications as necessary and practical.

3. To collaborate with the Bureaus of Parent, Child and Adolescent Health, Community Health and Substance Abuse Services as well as AIDS Health on substance abuse, AIDS and related nutrition issues for women, infants and children.

4. To continue coordination of participant services and referrals with the Department of Public Welfare regarding Medicaid, AFDC and Food Stamps.

   A. Examine feasibility and initiate development of joint eligibility form and other consolidated eligibility procedures.

   B. Continue exchange of educational materials and information at both state and local levels.

   C. Continue collaboration with Healthy Start and Medicaid to utilize Medicaid presumptive eligibility for WIC prenatal participants.

5. To assure the effective operation of the state agency staff.

   A. Continue collaboration and coordination among program components.

   B. Carry out annual performance evaluations for all state WIC agency staff and managers.

   C. Review state agency staff positions and monitor progress on revised management questionnaires.

   D. Hire staff to fill funded vacancies as they occur.

6. To continue communication with participants, local WIC programs and interested citizens to ensure participant and community centered services.

   A. Maintain statewide WIC Advisory Council of citizens, participants, local program staff, and elected and appointed state officials to provide on-going review, advice and advocacy of the program.

   B. Utilize state agency internal meeting structure to ensure regular flow of information and integration of program components.

   C. Continue task forces and regular business meetings to solicit input from and exchange of information with local programs and ensure continuation of an effective, working relationship between local WIC programs and the state WIC office.

   D. Sponsor a statewide WIC conference on breastfeeding promotion for all local agency program staff, state agency staff, WIC advocates, and other interested persons.

FISCAL YEAR 1991 GOALS AND OBJECTIVES

PROGRAM

To assure appropriate, quality service to all participants based on federal regulation and state guidelines.

The primary Program objectives for FY 91 are:

1. To maintain efficient, effective delivery of appropriate benefits to 78,700 participants each month, with mid-year review and revision of supportable caseload as determined by available funding.

   A. Monitor local program active caseload each month to ensure maximum utilization of assigned caseload. Provide appropriate technical assistance to local agencies and recommend mid-year reallocation as necessary.

   B. Monitor food costs in conjunction with other program components to ensure the provision of optimal nutritional benefits at reasonable costs.

2. To coordinate WIC outreach activities with health and social service agencies that service high risk, WIC eligible populations.

   A. Conduct an outreach campaign targeted to high-risk individuals to increase the number of Priority 1 participants by 15%, from 26,012 in May 1990 to 29,914 in May 1991.

   B. Monitor progress of activities in local program FY 91 Outreach Plans during management evaluations to ensure that local programs are carrying out targeted outreach to Priority 1 populations with an emphasis on adolescents, ancestral and cultural minorities (including Native Americans), and recent immigrants. Conduct final evaluation of objectives in June, 1991.

   C. Continue building coordination and referral networks with the Department of Public Welfare's Medicaid and CommonHealth components.

      1) Facilitate prompt enrollment of WIC-eligible DPW prenatal and infant clients through continued mailings of WIC materials and referrals by DPW staff.

      2) Continue collaboration with Healthy Start and Medicaid to utilize Medicaid presumptive eligibility for WIC prenatal participants.

3. To standardize efficient, effective local program operations and ensure participant centered services.

   A. Collaborate with the Nutrition and Food Delivery sections in evaluating local programs to ensure efficiency and accuracy in eligibility determination and processing standards and in the provision of appropriate nutrition education, food vouchers, and referrals.

   B. Collaborate with the Nutrition and Food Delivery sections to provide three training sessions for new local program staff.

   C. Revise the Procedure Manual as necessary to reflect new state agency policies and procedures designed to increase the effectiveness and efficiency of local program operations such as policies regarding presumptive pregnancy, adjunctive eligibility, and one-year certification of infants.

4. To collaborate with the Massachusetts Department of Food and Agriculture on Massachusetts WIC's 6th year of the Farmer's Market Coupon Program.

5. To collaborate with other program components on WIC 2 including review and approval of design, conversion and implementation, training and technical assistance, and revision of procedures, policies and forms.

6. To collaborate with other program components on issues involving local program contracts, including amendments and contracting for FY 92.

7. To collaborate with Food Delivery, Fiscal, Systems and Nutrition on the development and implementation of a new infant formula price enhancement contract and other food cost savings strategies, as feasible.

8. Review new federal regulations and develop and implement new or revised policies and procedures as appropriate.

FISCAL YEAR 1991 GOALS AND OBJECTIVES

NUTRITION

To assure the delivery of high-quality nutrition services to all WIC participants.

The primary Nutrition objectives for FY 91 are:

1. To enhance the effectiveness of breastfeeding promotion efforts and improve breastfeeding rates in local WIC programs.

   A. Coordinate the planning, development and provision of a series of conferences on breastfeeding promotion throughout the northeast region.

   B. Provide technical assistance, consultation, training and resources to local program staff to conduct breastfeeding promotion and education activities.

   C. Monitor breastfeeding rates and the provision of breastfeeding activities in local programs as identified in their Nutrition Education Action Plans.

2. To ensure access to and provision of culturally-appropriate nutrition services to all participants.

   A. Monitor the integration of bilingual and bicultural nutrition staff and the provision of culturally-appropriate nutrition services in local programs, responsive to the special target populations (STP) served, and provide technical assistance and consultation as needed.

   B. Provide leadership and support to the WIC Multicultural Task Force.

      1) Develop nutrition education materials such as the infant feeding guide and a Hispanic teen pregnancy guide.

      2) Provide training to local WIC and other DPH program staff responsive to the nutritional needs of different cultural groups.

3. To collaborate and integrate with other programs to assure the provision of quality nutrition services and referrals.

   A. Collaborate with DPH programs including Primary Care-Community Health, Office of Nutrition, Adolescent Health Programs, Perinatal Health Program, other maternal and child health programs in the Bureau of Parent, Child and Adolescent Health, and the AIDS Office to provide quality services and referrals.

   B. Collaborate with the DPH Division of Substance Abuse to further develop and implement a program of education and referrals for WIC participants with regard to substance abuse.

   C. Collaborate with organizations and agencies outside the Department to sponsor statewide conferences on nutrition issues for mothers, infants and children.

   D. Participate on DPH task forces and work groups that contribute to the provision and integration of quality nutrition services and referrals.

4. To ensure the quality and effectiveness of nutrition services.

   A. Collaborate with the Program and Food Delivery sections on local program monitoring, consultation and technical assistance responsive to identified needs.

   B. Provide in-service training and education for all local program nutrition staff by coordinating with Primary Care-Community Health and other DPH programs.

   C. Monitor the food package tailoring system to assure appropriate and optimal nutritional benefits for all participants at a reasonable cost.

   D. Collaborate with the Fiscal, Program, Systems and Food Delivery sections on the development and implementation of a new infant formula price enhancement contract and other food cost savings strategies, as feasible.

   E. Review new federal regulations and develop and implement new or revised policies and procedures as appropriate.

5. To participate in the implementation of WIC 2 to ensure the provision of quality nutrition services.

   A. Continue participation in the review of the design and testing of new system.

   B. Plan, develop and implement training for local program staff on use of WIC 2 with regard to provision of nutrition services.

C. Provide technical assistance and consultation to local program nutrition staff in planning, implementation and evaluation of quality nutrition services through the use of WIC 2.

D. Review and revise nutrition guidelines and protocols to reflect system changes and enhancements from WIC 2 implementation as it affects nutrition assessment, risk assignment, food prescriptions, certifications, counseling and education, and referrals.

E. Collaborate and coordinate with the Office of Nutrition and BPCAH-Division of Statistics and Evaluation in the collection and utilization of data for the CDC Pediatric and Prenatal Nutrition Surveillance System.

6. To collaborate with the Fiscal, Program, Systems and Food Delivery sections on issues involving local program contracts, including amendments and contracting for FY 92.

FISCAL YEAR 1991 GOALS AND OBJECTIVES

FISCAL

To maximize utilization of available funds and ensure timely and accurate receipt, disbursement and accounting of all funds used to support WIC services throughout Massachusetts.

The primary Fiscal objectives for FY 91 are:

1. To monitor food costs and modify food vouchers and packages in conjunction with the Program, Nutrition, Systems and Food Delivery sections to provide optimal nutritional benefits at a reasonable cost.

   A. Monitor the automated system of food package cost identification by priority and category, and modify as necessary.

   B. Maintain a system of counting participation on a monthly basis by priority and target population, and modify as necessary.

   C. Maintain the detailed system for projecting and tracking food costs in order to monitor inflation, project participation, and make predictions on the basis of available data.

   D. Maintain the system which incorporates infant formula rebate dollars and expenditures into the system for tracking food costs and expenditures, and modify as necessary.

2. To insure proper, precise and timely disbursement of funds for contracted services.

   A. Prepare and monitor transfer of weekly drawdowns of federal funds.

   B. Prepare 498 reports for timely submission; continue to refine computerized system.

   C. Maintain standard property management/inventory procedures in local agencies.

   D. Continue to monitor banking services contract and integrate with WIC 2, modifying as necessary.

E. Monitor FY 91 local agency contracts and amendments and develop and implement FY 92 local agency contracts, coordinating with Program, Nutrition and Food Delivery on such issues as staffing patterns, operations, and salary levels for all local program staff.

F. Provide technical assistance to local agencies on fiscal and contractual issues affecting the support of direct services and other program operations.

3. To sustain internal systems for recording and projecting state agency fiscal activities, and modify as necessary.

A. Work with DPH Budget, Purchase of Service and Accounting offices to continue monthly analyses of expenditures and allocations and make line item adjustments to the budget or modify operations as necessary.

B. Maintain property management/inventory control procedures at the state agency.

C. Maintain and refine WIC automated accounting system.

D. Amend written operating procedures for WIC state agency fiscal activities as mandated by policy and procedural changes.

4. To sustain the analyses and monitoring of local program budgets, obligations and expenditures.

A. Utilize budget and expenditure report analyses to make recommendations on local agency budgets, salary schedules and staffing patterns and review all data with Nutrition, Program and Food Delivery staff.

B. Conduct FY 91 local program salary survey using new contract budget data and develop reasonable marketplace salary levels for WIC positions; use this data to adapt local program salaries to minimize staff turnaround and vacancies.

5. To implement and monitor a bid for a new infant formula price enhancement contract to begin July 1, 1991.

A. Continue to analyze federal regulations and guidelines and modify system as necessary.

B. Maintain new accounting system to track receipt and expenditures of infant formula rebate dollars.

C. Maintain and monitor new methodology for preparing the federal monthly 498 report.

D. Maintain billing system for infant formula price enhancement system.

E. Monitor issuance of standard, non-contract prescription formula on an ongoing basis.

F. Monitor vendor prices on contracted infant formula and prepare and present analysis of infant formula purchase trends.

6. To continue to reduce food costs for the Massachusetts WIC Program.

A. Explore the feasibility of major methods of cost containment for other WIC food items, e.g., coupons, rebates, competitive bidding for direct distribution for special formula prescriptions. As feasible, implement appropriate strategies.

B. Collaborate with Nutrition, Program, Systems, and Food Delivery to plan and initiate viable food cost savings activities, e.g., store or least expensive brands, removal of most expensive items, and elimination of highest price stores where participant access is not compromised.

FISCAL YEAR 1991 GOALS AND OBJECTIVES

FOOD DELIVERY/CHECK SYSTEMS

To implement a new Management Information System to 1) provide timely and accurate WIC checks to participants, 2) increase local program service capacity, and 3) improve management reports and accountability for WIC checks.

The primary Food Delivery/Check Systems objectives for FY 91 are:

1. To participate in the WIC 2 planning group and in the design, testing and implementation of WIC 2.

2. To convert to "on demand" check production and tri-monthly check issuance.

3. To track and monitor check accountability issues and procedures during the WIC 2 conversion; oversee operation of both old and new systems.

4. To provide technical assistance to local programs in preparation for, and during implementation of, WIC 2.

5. To develop and implement accountability standards for WIC 2, including safeguarding of check stock at local agencies.

6. To collaborate with the Program, Fiscal, Systems and Nutrition sections on the development and implementation of a new infant formula price enhancement contract and other food cost savings strategies, as feasible.

7. To work with the Program, Nutrition and Fiscal sections on issues involving local program contracts, including amendments and contracting for FY 92.

8. To review new federal regulations and develop and implement new or revised policies and procedures as appropriate.

FISCAL YEAR 1991 GOALS AND OBJECTIVES

FOOD DELIVERY/VENDORS

To deliver food cost-effectively to WIC participants through well-enforced agreements with retail food stores, pharmacies and dairies.

The primary Food Delivery/Vendors objectives for FY 91 are:

1. To maintain intensive investigations of high risk vendors and apply sanctions as necessary.

2. To continue to recover monetary claims from vendors by working with the Office of the General Counsel and the Attorney General's office to recover money from vendors who are assessed monetary claims.

3. To prepare for year one of the triannual vendor contracting cycle, including strategies for constraining high price stores where participant access is not compromised.

4. To collaborate with the WIC banking service and MIS consultants on enhancing vendor systems.

   A. Integrate the vendor payment system into WIC 2.

   B. Improve the procedures by which vendor data is transmitted to the WIC bank.

   C. Participate in overall design, testing and implementation of WIC 2.

   D. Coordinate contacts with WIC bank on implementation of WIC 2.

5. To collaborate with the Program, Fiscal, Systems and Nutrition sections on the development and implementation of a new infant formula price enhancement contract, and other feasible food cost savings strategies.

6. To provide training and technical assistance to local program staff specifically relating to the implementation of WIC 2.

7. To collaborate with other program components on issues involving local program contracts, including amendments and contracting for FY 92.

8. To review new federal regulations and develop and implement new or revised policies and procedures as appropriate.

FISCAL YEAR 1991 GOALS AND OBJECTIVES

SYSTEMS

To provide timely and accurate data on WIC participants, vouchers and funds to facilitate management, accountability and planning.

The primary Systems objectives for FY 91 are:

1. To collaborate with DPH, OMIS, USDA/NERO, and Andersen Consulting on the development and implementation of WIC 2.

   A. Collaborate with Nutrition, Program and Food Delivery on the development and implementation of WIC 2.

   B. Review processing and output of new MIS to ensure that it conforms to Massachusetts' requirements and standards.

   C. Ensure thorough documentation of WIC 2.

   D. Provide program enhancements as needed after conversion (in ADABAS, COBOL and dBASE).

2. To maintain consultation with users of WIC 2.

   A. Coordinate MIS Work Group of local program staff.

   B. Coordinate MIS Planning Group of state staff.

   C. Ensure that local programs are kept informed about progress toward WIC 2.

3. Install and maintain hardware, software and networks as needed.

   A. Prepare sites for installation.

   B. Install software and hardware.

   C. Monitor and adjust networks as needed.

   D. Provide technical and application support to local programs as needed.

4. To ensure a smooth transition from current MIS to WIC 2.

   A. Monitor for inconsistent and invalid data on the masterfiles in preparation for conversion to WIC 2.

   B. Coordinate processing of old and new systems.

   C. Provide technical support for local programs.

5. To collaborate with Andersen Consulting on conversion of first three local programs to WIC 2; manage conversion of remaining local programs.

6. To provide training, technical assistance and training materials to users.

   A. Before conversion, provide training courses to prepare local program users for system (e.g., improved word processing and PC skills).

   B. Provide intensive training during conversion of each local program.

   C. Provide follow-up training and support, including a hotline number and help disk, as needed after conversion.

   D. Ensure that state agency users are trained in use of NATURAL language for report generation.

   E. Participate in site visits to review WIC 2 procedures.

7. To maintain smooth operation of current MIS including production of vouchers and related management and local program reports and maintenance of Phase 1 of new MIS.

8. To collaborate with other program components on the development and implementation of a new infant formula price enhancement contract and, as feasible, other food cost savings strategies.

REVIEW OF FISCAL YEAR 1990 GOALS AND OBJECTIVES

ADMINISTRATION AND MANAGEMENT

The primary Administration and Management objectives for FY 90 were:

1. To provide WIC services to 73,850 participants each month in their communities across the state, with mid-year review and revision of supportable caseload as determined by available funding.

   Ongoing. Assigned caseload was increased by 4,650 to 78,500 mid-year, as a result of Massachusetts receiving a share of the federal expansion dollars, food cost savings activities undertaken last year, and infant formula price enhancement. Active participation increased steadily during the winter and spring, reflecting strong demand due to increased prenatals as well as economic conditions, particularly higher food costs and unemployment.

   Assigned participation beginning July 1990 is 78,700 (12,590 women, 18,890 infants, and 47,220 children) and reflects continued emphasis on services to high risk and minority populations: Priority 1: 32.7% or 26,465; Priority 2: 7% or 5,755; and Priority 3: 32.7% or 26,445. 20.3% of participants are Black, 27.1% are Hispanic, 7.4% are Asian/Pacific, and 45.1% are White.

   A. Continue to coordinate WIC outreach and referrals with other health and social services at the state and local level, particularly with regard to high priority, high risk participants.

      Ongoing. Outreach and referral activities were coordinated with other DPH pediatric and prenatal programs and continued with the Department of Public Welfare, particularly Medicaid. In addition,

      - High Risk Outreach Plans for each local program were reviewed, and progress on activities was monitored at site visits.

      - Referral networks, protocols and cross-training were established with Healthy Start and Medicaid case managers.

      - Meetings and discussions with staff of the Department of Public Welfare (DPW) have resulted in DPW's agreement to conduct quarterly mailings to new prenatals and infants under 9 months of age enrolled in the AFDC Program.

      - WIC staff spoke about the WIC Program at various agencies throughout the year, including the state lead screening program, MCH Primary Care programs, the Adolescent Health Task Force, the Infant Mortality Task Force, the Nutrition Board, and a meeting of providers of services for the homeless.

Agencies who provided speakers for WIC business meetings include Healthy Start, Medicaid, Perinatal Community Initiatives, Handicap Services, Early Intervention, and SSPUN - Surveillance of Severe Pediatric Undernutrition.

See PROGRAM, #B.2 for additional outreach activities.

B. Monitor caseload activity and distribution among catchment areas.

Ongoing. Caseload activity is monitored monthly and a manual count provides more current data on participation in each service area. During the FY 90 expansion process, local WIC program caseload assignments were reviewed and each program's capacity to fill current or additional caseload slots - while maintaining program quality - was considered, as determined by recent case management histories and growth trends. Caseload was reallocated as follows:

- A total of 1,900 cases was allocated to the Lawrence, Lowell and Springfield programs to enable them to 1) serve priority groups I through V, and 2) cover their current overage and increase services.

- The remaining 2,750 cases were allocated to 27 local WIC programs to 1) cover their current overage, and 2) increase services in areas of high risk/need as demonstrated by low birthweight, high infant mortality, and adolescent pregnancy. The 27 local programs were Allston/Brighton, Athol, Brockton, Cambridge, Cape Cod, Charlestown/Chelsea, Dorchester/Roxbury, East Boston, Framingham, Franklin County, Hampshire County, Haverhill, Holyoke/Chicopee, Jamaica Plain, New Bedford, North Shore, Plymouth, Quincy, Roxbury, Somerville/Medford, South Berkshire, South Boston, South Central, South Dorchester/Roslindale, South End, Taunton, and Upham's Corner.

- Programs that had vacant slots and/or have experienced difficulty in reaching and maintaining assigned caseload were not considered for additional allocation. Ongoing technical assistance was provided to programs with vacant participant slots.

Caseload allocation has remained relatively constant for FY 91 recontracting, since funds are not available at this time for caseload expansion given current projections for funding and food costs.

C. Increase capacity to serve participants at the local program level, including FTEs and staff salaries, within budgetary constraints.

Ongoing. The overall staff-to-participant ratio was upheld at an average of 1:238 during the mid-year expansion and for FY 91

recontracting. Additional caseload was allocated midyear to local WIC programs with necessary support monies at the FY 90 average funding per participant. Appropriate staff and salary as well as other operating requirements to support the new caseload were delineated and added as appropriate. These monies were annualized into FY 91. Funds were also provided in FY 91 for implementation of WIC 2 and the Farmer's Market Program.

D. Expand participant access to services.

Ongoing. Major activities undertaken in this area in FY 90 include the following:

- Monitoring of bi-monthly voucher distribution which took place late in the previous year. Participants pick up vouchers for two months at a visit and local programs report that this initiative has been very favorably received by participants and has eased local program capacity.

- The implementation of diskettes to input local program participant data and the significant work towards development of major new computer software for WIC 2 contributed to streamlining local program operations, thereby increasing time for participant services.

- The SEA Project was expanded to include other ethnic and racial groups, specifically Haitians and Central Americans, and was renamed the Special Target Populations Project (STP). The provision of appropriate bilingual/bicultural staff at local WIC programs increases participant access to services.

- A report entitled "Comparison of Participant and Staff Ancestry/Race" was prepared which compared data on ancestry/race with regard to population (1980 census data), WIC participation (June 1989), and WIC staffing at all local WIC programs. This data indicates that the Massachusetts WIC Program: 1) serves a greater population of minority/ethnic individuals than exists in the general population; and 2) provides the majority of services with bilingual/bicultural staff. The report reflects the Program's commitment to bicultural, bilingual services which is based upon the belief that such staffing provides participants with greater access to WIC services as well as better quality services. In areas where the percentage of participants in an ancestral/racial category is greater than 10% of the staff in that category, the state program ensures, through discussion, site visit evaluations and contract negotiations, that new local program staff hired have the necessary bicultural and bilingual qualifications. Technical assistance is provided as necessary. (See Attachment A.)

- Three local WIC programs consolidated small sites with infrequent service with nearby larger sites, thus providing fulltime accessibility to participants.

- Another WIC Program opened a site at a local high school to expand its services to the pregnant teens still in school.

E. Coordinate activities within the Department of Public Health with regard to programs serving women, infants and children, particularly the Health Promotion Bureau of Parent, Child and Adolescent Health and Division of Community Health Centers, as well as the Division of Substance Abuse Services.

Ongoing. MCH nutritionists continue to coordinate WIC certifications and nutrition counseling for WIC/MCH participants at community health centers. An inservice for WIC and MCH nutritionists was held in May 1990 focusing on social marketing, new food products and nutrition and AIDS. MCH nutritionists participate in WIC new staff training.

WIC staff serve on numerous departmental work groups and task forces including the Refugee Health Advisory Committee, Committee for Culturally and Linguistically Relevant Health Education Activities, Southeast Regional Nutrition Task Force, MCH task force to develop nursing standards, infant mortality internal work group, Health Indicator Project Advisory Group, and nutrition surveillance.

2. To improve the efficiency, accountability and usefulness of the EDP system to enhance program management.

A. Pursue development and implementation of a new, revised EDP system as recommended by the MIS Task Force.

Ongoing. Phase 1 of the new MIS system was completed early in the fiscal year, following pilot testing at local programs. All local programs now input participant and vendor data by diskette, thereby eliminating paper input forms and minimizing input errors and, in general, streamlining local program operations. An added benefit has been the training, technical assistance and hands-on experience local program staff have received on microcomputers in advance of WIC 2.

Andersen Consulting was awarded the contract for the development and implementation of WIC 2, and negotiations were completed. Work has commenced on the design and development of the related computer program, which is an adaptation of the Illinois WIC Program's new computer system. Utilization of this modification strategy is saving significant money as compared to designing a complete, new customized system. WIC staff from the Program, Nutrition, Food Delivery and Fiscal components are providing a great deal of effort and have received input from the local program MIS work group as well. Work is proceeding on schedule and the new system is expected to be implemented at three local programs during the winter of 1991.

Presentations on the WIC 2 design and plans for implementation were given by Massachusetts WIC and Andersen Consulting staff to other USDA northeast regional state programs and the USDA northeast regional office, Massachusetts local WIC programs, Department of Public Health management staff, and the WIC Advisory Council.

B. Continue maintenance of current EDP system with modifications as necessary and practical.

Ongoing. See SYSTEMS, #2.A.

3. To collaborate with the Divisions of Substance Abuse Services, AIDS Health Services and Community Health Centers and the Bureau of Parent, Child and Adolescent Services to develop and implement an education initiative for staff and participants on substance abuse, AIDS and related nutrition issues.

A. Develop an inservice training program for WIC and community health center staff which raises staff awareness and includes methods for identification and referral of participants with problems.

Ongoing. Regional trainings on substance abuse were conducted for local WIC and community health center staff by Substance Abuse Services. State and local WIC staff also attended major conferences on substance abuse and pregnancy sponsored by Substance Abuse in October 1989 and by the March of Dimes Birth Defects Foundation in April 1990. An inservice on substance abuse awareness and identification was held for paraprofessional staff in April 1990.

B. Initiate building a referral network at the community level for identified participants.

Ongoing. Local WIC programs have been provided with directories of substance abuse treatment and counseling programs for use in referring participants to services.

C. Provide appropriate educational materials for local programs to distribute to participants.

Ongoing. WIC nutrition staff worked with the MCH nutrition director on the development, translation and printing of two flyers on nutrition for individuals with HIV/AIDS. Materials on substance abuse treatment and service locations have been provided to local programs for distribution to participants.

4. To enhance coordination and referral networks with the Department of Public Welfare's CommonHealth programs (Medicaid and MassHealth).

WIC and the Medicaid program collaborated on a number of activities, which will be ongoing, to facilitate program coordination and enrollment of eligible pregnant women, infants and children in the respective programs.

- Training MCH-Medicaid provided training to local WIC program directors and senior nutritionists on the Welfare-Medicaid organization eligibility and benefit program and case management procedures. The training manual for Welfare Case Managers includes a section on WIC.

- Cross-referrals Referrals of eligible individuals are occurring between the Programs. The WIC intake form specifies enrollment in or referrals to Medicaid. (An estimated 68% of WIC participants are on Medicaid and an additional 5.5% or 4,125 were referred to Medicaid at the time of certification.) Medicaid client materials include a description of WIC, and Case Managers' referrals to WIC are counted in local Welfare Office performance evaluations.

- Community Contacts Although local WIC program directors are required to maintain ongoing contact with local Welfare offices, Medicaid and WIC have exchanged names of major contacts at local WIC programs and Medicaid offices.

- Information Basic information on the WIC Program, including program materials and a program reference guide, has been distributed to local Welfare Offices, and Directors and Assistant Directors have an order form for additional materials. WIC and MCH-Medicaid are looking into Medicaid's utilization of the WIC Invitation. WIC is investigating regular inclusion of the WIC "check insert" with Medicaid informational or enrollment information which is mailed to clients. Medicaid has revised its approval letter to its clients to include a paragraph about eligibility for WIC benefits.

- Project Good Health (EPSDT) The WIC brochure for physicians, "Your WIC Referrals Mean Healthier Children in Massachusetts" has been distributed to pediatricians by Project Good Health, and the Project has included WIC in its list of services for children. WIC has asked that WIC and EPSDT coordinate requirements for EPSDT periodic visits to coincide with WIC requirements in order to minimize children's visits to doctors.

- Presumptive Eligibility WIC will be utilizing the presumptive eligibility procedures developed between Healthy Start and Medicaid. An overview and training on these procedures was provided at the April WIC business meeting, and WIC and Healthy Start have ongoing meetings to facilitate progress. The Healthy Start program is the primary contact for individuals applying for Medicaid presumptive eligibility determination. The WIC "invitation" and Medical Referral Form are included in all mailings to prenatal applicants. All applicants are questioned regarding WIC participation.

- Adjunctive Eligibility A standard form letter certifying that an individual is enrolled in Medicaid as of a certain date is being developed for use by Welfare Case Managers. The broader issue of the use of Medicaid cards and telephones to ascertain participation in Medicaid has been postponed pending full federal resolution of adjunctive eligibility. The Procedure Manual was revised to include procedures for addressing this issue.

- o WIC Presentation A presentation on WIC eligibility and benefits was given to the Medicaid Advisory Council by the WIC Director.

- o Additional WIC Caseload WIC provided MCH-Medicaid with a list of local WIC programs' vacant participant slots at the time additional caseload was allocated.

- o Regular Meetings WIC and MCH-Medicaid hold regular meetings to ensure ongoing collaboration.

5. To assure the effective operation of the state agency staff.

   A. Continue collaboration and coordination among program components.

      Ongoing. Assistant Directors for Food Delivery, Fiscal/Systems, Special Projects, and Program/Nutrition meet weekly with the WIC Director. Staff from these program components also meet on initiatives whose activities cross program component lines, such as food costs, participation monitoring and management, WIC 2, and cash management. All-staff meetings are scheduled once a month.

   B. Carry out annual performance evaluations for all state WIC agency staff and managers.

      Completed.

   C. Review all state agency management positions and update management questionnaires.

      The management questionnaires for the positions of the WIC Director, Assistant Director for Fiscal and Administration, and the Assistant Director for Food Delivery have been completed and the questionnaires for the other management positions are in the process of being updated.

6. To continue communication with participants, local WIC programs and interested citizens to ensure participant and community-centered services.

   A. Utilize statewide WIC Advisory Council of citizens, participants, local program staff, and elected and appointed state officials to provide on-going review, advice and advocacy of the program.

      Completed. Beginning in September, the WIC Advisory Council met every other month in FY 90. Among the items addressed were the 1988 SSPUN birth data and infant mortality data, WIC Food Package Survey, FY 90 Salary Study, Comparison of WIC Participant and Staff Ethnicity, WIC 2, federal and state budget issues, and WIC outreach activities. Council members were provided with monthly status reports on WIC state agency activities, including caseload management, food costs, and infant formula rebate, and they actively advocated with the executive agencies and the Legislature of the Commonwealth of Massachusetts with regard to WIC Program interests. (See Attachment B.)

B. Maintain state agency internal meeting structure to ensure regular flow of information and integration of program components.

Ongoing. The Director participates in the weekly management meetings of the Bureau of Parent, Child and Adolescent Services and meets as well with the Assistant Commissioner of the Bureau. Meetings were scheduled as needed with the Associate Commissioner for Management and Resources and the Deputy Commissioner for Health Promotion. Centralization of POS and budget activities has necessitated attendance at POS meetings and the scheduling of frequent meetings with staff in these areas as well.

In addition, within WIC, staff of each program component meet regularly with their respective Assistant Director. A special project structure facilitates implementation of projects such as WIC 2 and food costs and caseload monitoring.

C. Continue working committees and regular business meetings to enhance input from and exchange of information with local programs and ensure continuation of an effective, working relationship between local WIC programs and the state WIC office.

Completed. The MIS, Program and Nutrition, and Accountability work groups met regularly during FY 90 to advise the state agency on development and implementation of activities, policies and procedures. The latter two groups have been merged with the MIS Work Group for the duration of WIC 2 implementation, in recognition of this project's high priority throughout WIC. Business meetings for local WIC Program Directors and Senior Nutritionists were held every two months to provide a forum for state agency/work group progress reports and for discussion of WIC issues and current activities such as state and federal funding, caseload management and allocations, new procedures, new federal regulations and other Department programs such as Healthy Start and the Perinatal Community Initiatives Project. (See Attachment C.)

D. Sponsor a statewide WIC conference for all local agency program staff, state agency staff, WIC advocates, and other interested persons.

The statewide WIC conference, "WIC: Building for the Future" was held in Worcester in November. This conference was attended by approximately 325 local WIC program staff, staff from the Rhode Island WIC Program, DPH staff as well as the USDA Regional WIC Director and Nutritionist. Ronald White, M.D., Medical Director of the Martha Eliot Health Center, and Deborah Frank, M.D., Director of the Growth and Nutrition Clinic at Boston City Hospital, were the keynote speakers. David H. Mulligan, Commissioner of the Department of Public Health, addressed the conference participants during the luncheon and presented awards to each local WIC program. Twenty-one workshops focusing on a myriad of topics were held in the morning and afternoon. Responses to this major effort were very positive and encouraging.

In addition, the following activities were undertaken in FY 90:

- The Massachusetts WIC Program received an award from the Food and Nutrition Services, United States Department of Agriculture during the fall regional USDA/WIC conference. This award was presented for excellence in breastfeeding promotion, vendor management, overall program management, and the Farmers' Market project.

- Massachusetts WIC was a sponsor of a major conference on perinatal issues. This conference, "Partners in Perinatal Health", enabled WIC staff to work closely with representatives of the March of Dimes, NAPARE, NAACOG and the Massachusetts Perinatal Association.

- The WIC Director was elected Vice President of the National Association of WIC Directors (NAWD), and, as such, is a member of both the Executive Committee and the Board of Directors and represents NAWD in various capacities. She also serves on and has attended meetings of the NAWD Legislative Committee and the National Advisory Council on Maternal and Fetal Nutrition.

- The Massachusetts WIC Program received a Commonwealth of Massachusetts citation of outstanding performance for its work on the Infant Formula Price Enhancement System (IFPES). As noted previously, the implementation of IFPES was the major activity of the program during FY 89 and required significant contributions from all staff.

- The Program Director, Assistant Director for Food Delivery, and the MIS Project Director attended a national USDA meeting on Administrative Efficiencies. Presentations were given on "Preparing Users for a New MIS" and "Tradeoffs of Developing or Transferring a MIS".

- The food cost savings initiatives undertaken in July and September (e.g., requiring the least expensive brand of milk) had a positive effect on WIC food costs and mitigated the effect of increases in dairy and other prices experienced in late fall and early winter.

- The Director, Assistant Directors, Program Managers and nutritionists attended a three-day USDA regional meeting during which several presentations were made by program staff, highlighting special activities being conducted by the various program components. Presentations by the Massachusetts WIC staff included the new MIS, food cost tracking and projections, special formula manual, new food packages for the homeless and for toddlers, vendor monitoring, Farmers' Market Program and the local management evaluation process.

- The South Dorchester/Roslindale WIC Program was visited by the Assistant Secretary of the United States Department of Agriculture, senior staff of the USDA Northeast Regional Office, and the DPH Commissioner. These individuals observed the certification, nutrition counseling and voucher distribution activities conducted at a local WIC program.

ATTACHMENT A:

Comparison of Participant and Staff Ancestry/Race

		WHITE	BLACK*	HISPANIC	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	STAFF VACANCIES	TOTALS
ALLSTON/BRIGHTON (Excluding Boston)	Catchment area	94.73%	01.16%	01.49%	00.04%	02.58%		243,898
	Participation	32.56%	18.45%	17.33%	00.10%	31.54%		1956
	Staff	44.00%	13.00%	06.50%	00.00%	31.50%	5.0%	8.0
ATHOL	Catchment area	98.73%	00.28%	00.58%	00.20%	00.21%		59,206
	Participation	92.41%	01.97%	03.73%	00.00%	01.86%		910
	Staff	100.00%	00.00%	00.00%	00.00%	00.00%		4.4
BERKSHIRE	Catchment area	81.45%	01.38%	00.43%	00.06%	00.34%		114,944
	Participation	93.32%	05.34%	00.60%	00.12%	00.60%		1647
	Staff	88.00%	12.00%	00.00%	00.00%	00.00%		8.3
BROCKTON	Catchment area	94.84%	03.23%	01.28%	00.20%	00.45%		263,618
	Participation	55.56%	23.34%	18.04%	00.06%	02.97%		2892
	Staff	23.80%	66.60%	10.00%	00.00%	00.00%		10.5
CAMBRIDGE	Catchment area	91.22%	04.20%	02.58%	00.12%	01.88%		279,239
	Participation	30.82%	36.52%	26.40%	00.31%	05.93%		2242
	Staff	50.00%	22.22%	22.22%	00.00%	00.00%	5.56%	9.0
CAPE COD	Catchment area	97.28%	01.30%	00.62%	00.55%	00.25%		150,953
	Participation	88.26%	08.13%	02.26%	00.77%	00.55%		1807
	Staff	100.00%	00.00%	00.00%	00.00%	00.00%		6.9
CHARLESTOWN/CHELSEA (Excluding Boston)	Catchment area	92.88%	00.95%	05.62%	00.07%	00.48%		67,835
	Participation	39.02%	01.92%	41.39%	00.04%	17.60%		2022
	Staff	61.54%	00.00%	25.64%	00.00%	12.82%		7.8
FALL RIVER	Catchment area	97.32%	00.31%	01.94%	00.09%	00.34%		147,334
	Participation	92.15%	02.82%	01.25%	00.04%	03.71%		2474
	Staff	83.59%	00.00%	00.00%	00.00%	16.41%		9.57
FRAMINGHAM	Catchment area	95.95%	01.33%	01.70%	00.08%	00.94%		240,670
	Participation	65.00%	04.81%	26.01%	00.09%	04.07%		1080
	Staff	60.00%	00.00%	40.00%	00.00%	00.00%		5.0
FRANKLIN COUNTY	Catchment area	98.48%	00.48%	00.48%	00.18%	00.38%		40,687
	Participation	96.46%	00.64%	02.24%	00.16%	00.48%		1245
	Staff	100.00%	00.00%	00.00%	00.00%	00.00%		5.65

* Includes Black Americans, West Indians, Cape Verdeans and Africans.

		WHITE	BLACK*	HISPANIC	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	STAFF VACANCIES	TOTALS
HAMPSHIRE COUNTY	Catchment area	95.47%	01.67%	01.68%	00.12%	01.06%		111,070
	Participation	69.05%	04.27%	11.64%	00.29%	14.72%		1005
	Staff	71.43%	00.00%	00.00%	00.00%	28.57%		4.9
HAVERHILL	Catchment area	97.90%	00.66%	01.10%	00.16%	00.18%		114,488
	Participation	81.98%	01.07%	15.80%	00.00%	01.13%		1588
	Staff	90.32%	00.00%	09.68%	00.00%	00.00%		6.2
HOLYOKE/CHICOPEE	Catchment area	94.50%	01.04%	03.96%	.00.13%	00.37%		214,908
	Participation	43.74%	03.27%	52.32%	00.04%	00.61%		4554
	Staff	38.65%	6.13%	55.21%	00.00%	00.00%	2.45%	16.3
LAWRENCE	Catchment area	91.13%	00.60%	07.68%	00.18%	00.41%		146,269
	Participation	18.33%	01.33%	78.10%	00.00%	02.22%		4047
	Staff	40.00%	00.00%	60.00%	00.00%	00.00%		15.3
LOWELL	Catchment area	96.10%	00.86%	02.26%	00.11%	00.67%		241,846
	Participation	35.11%	02.55%	22.15%	00.05%	40.11%		3480
	Staff	42.86%	07.14%	21.43%	00.00%	28.57%		14.0
MALDEN/REVERE	Catchment area	97.42%	01.26%	00.76%	00.10%	00.46%		289,910
	Participation	80.16%	05.30%	02.43%	00.14%	11.94%		1356
	Staff	42.62%	16.39%	32.79%	00.00%	8.20%		6.1
NEW BEDFORD	Catchment area	94.12%	01.78%	03.41%	00.21%	00.48%		153,961
	Participation	66.55%	16.70%	15.81%	00.00%	00.92%		2598
	Staff	70.00%	10.00%	20.00%	00.00%	00.00%		10.0
NORTH CENTRAL	Catchment area	94.69%	02.18%	02.31%	00.17%	00.65%		187,870
	Participation	52.43%	07.31%	32.42%	00.00%	07.82%		1354
	Staff	52.38%	00.00%	31.75%	00.00%	00.00%	15.87%	6.3
NORTH SHORE	Catchment area	97.01%	01.03%	01.34%	00.16%	00.46%		347,721
	Participation	53.30%	10.15%	27.31%	00.09%	09.12%		4174
	Staff	31.34%	06.27%	37.62%	00.00%	12.54%	12.22%	15.95
PLYMOUTH	Catchment area	97.51%	01.16%	00.79%	00.18%	00.36%		154,671
	Participation	90.03%	07.78%	01.74%	00.00%	00.43%		1375
	Staff	75.30%	08.23%	00.00%	00.00%	00.00%	16.47%	6.07

* Includes Black Americans, West Indians, Cape Verdeans and Africans.

		WHITE	BLACK*	HISPANIC	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	STAFF VACANCIES	TOTALS
QUINCY	Catchment area	98.13%	00.71%	00.56%	00.08%	00.52%		381,434
	Participation	85.11%	05.59%	01.84%	00.07%	07.37%		1411
	Staff	100.00%	00.00%	00.00%	00.00%	00.00%		6.0
SOMERVILLE/MEDFORD	Catchment area	96.81%	01.20%	01.07%	00.12%	00.80%		288,967
	Participation	76.39%	12.36%	07.07%	00.13%	04.03%		2305
	Staff	78.00%	11.00%	00.00%	00.00%	11.00%		9.1
SOUTH BERKSHIRE	Catchment area	95.87%	02.05%	01.19%	00.20%	00.67%		10,148
	Participation	91.41%	05.15%	02.14%	00.00%	01.28%		233
	Staff	100.00%	00.00%	00.00%	00.00%	00.00%		1.58
SOUTH CENTRAL	Catchment area	98.54%	00.35%	00.82%	00.08%	00.21%		321,116
	Participation	85.06%	01.10%	12.57%	00.21%	01.05%		1901
	Staff	88.00%	00.00%	12.00%	00.00%	00.00%		9.425
SPRINGFIELD	Catchment area	79.63%	12.50%	07.15%	00.14%	00.58%		198,113
	Participation	19.93%	31.04%	47.64%	00.02%	01.34%		4519
	Staff	26.92%	30.77%	41.00%	00.00%	01.28%		19.50
TAUNTON	Catchment area	97.40%	00.63%	01.53%	00.08%	00.36%		196,244
	Participation	83.70%	03.17%	09.11%	00.00%	03.99%		1952
	Staff	75.00%	00.00%	25.00%	00.00%	00.00%		8.0
WORCESTER	Catchment area	94.68%	01.88%	02.69%	00.21%	00.54%		258,479
	Participation	43.90%	09.66%	36.93%	00.06%	09.42%		2970
	Staff	43.48%	00.00%	34.78%	00.00%	00.00%	21.74%	11.5

* Includes Black Americans, West Indians, Cape Verdeans and Africans.

Massachusetts WIC Program

		WHITE	BLACK*	HISPANIC	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	STAFF VACANCIES	TOTALS
DORCHESTER/ROXBURY	Participation	00.50%	94.99%	04.26%	00.00%	00.23%		2999
	Staff	07.84%	92.16%	00.00%	00.00%	00.00%		12.75
EAST BOSTON	Participation	44.08%	04.80%	38.78%	00.06%	12.25%		1436
	Staff	28.55%	00.00%	37.62%	00.00%	14.63%	19.20	5.5
JAMAICA PLAIN	Participation	09.91%	13.73%	75.40%	00.16%	00.77%		1805
	Staff	28.57%	11.28%	60.15%	00.00%	00.00%		6.65
ROXBURY	Participation	03.52%	69.75%	23.99%	00.12%	02.60%		2496
	Staff	00.00%	50.00%	33.33%	00.00%	16.67%		11.50
SOUTH BOSTON	Participation	87.76%	06.74%	02.60%	00.19%	02.69%		1038
	Staff	100.00%	00.00%	00.00%	00.00%	00.00%		5.00
SOUTH DORCHESTER/ ROSLINDALE	Participation	27.84%	68.25%	03.16%	00.04%	00.68%		2180
	Staff	42.10%	50.53%	00.00%	00.00%	00.00%		7.37
SOUTH END	Participation	01.61%	31.18%	28.91%	00.13%	38.14%		2286
	Staff	25.00%	25.00%	20.00%	00.00%	25.00%	5.00%	10.00
UPHAMS CORNER	Participation	10.48%	47.79%	29.10%	00.09%	12.51%		3147
	Staff	26.41%	30.19%	26.41%	00.00%	03.78%	13.21%	13.25

* Includes Black Americans, West Indians, Cape Verdeans and Africans.

ATTACHMENT B:

1990 WIC Advisory Council

AFFILIATION	NAME AND TITLE	ADDRESS AND TELEPHONE NUMBER
WIC Consumer: West	to be appointed	
WIC Consumer: Central	Sheryl Shakir	
WIC Consumer: Northeast	to be appointed	
WIC Consumer: Southeast	Kathy Miller	
WIC Consumer: Boston	to be appointed	
Private Citizen/Chair	David Mofenson, Esq.	One Wells Avenue, Newton, MA 02159 617-964-4900
WIC Advocate	Steven Savner, Attorney	Massachusetts Law Reform Institute 69 Canal Street, Boston, MA 02114 617-742-9250
Local Agency Executive Director	Leslie T. Laurie, Executive Director	Family Planning Council of Western MA 16 Center Street, Northampton, MA 01060 413-586-2016
WIC Vendor	Chris Flynn, President	Massachusetts Food Association 31 Milk Street, Suite 817, Boston, MA 02109 617-542-3085
Physician or Nurse with WIC experience	John McNamara, M.D. Chief of Pediatrics	Brockton Hospital 60 Center Street, Brockton, MA 02402 508-583-2900
Representative: MA WIC Directors Association	Deborah Hoffman Program Director	Allston Brighton WIC Program 736 Cambridge Street, Brighton, MA 02135 617-789-2439
	Anne Greene Program Director	South Boston WIC Program 133 Dorchester Street South Boston, MA 02127 616-269-7500
Representatives: MA WIC Nutritionists Association	Darlene Dymsza, Senior Nutritionist	New Bedford WIC Program 95 Cedar Street, New Bedford, MA 02740 508-997-1500
	Marie Keenan, Nutritionist	Quincy WIC Program 114 Whitwell Street, Quincy, MA 02169 617-427-1000

WIC ADVISORY COUNCIL (continued)

AFFILIATION	NAME AND TITLE	ADDRESS AND TELEPHONE NUMBER
Member: FHS Advisory Board or Nutrition Board	Edna Apostol	Pioneer Valley AHEC Springfield Technical Community College 1 Amory Square, Springfield, MA 01105 413-781-7822
Member: Legislative Committee on Health Care or Human Services & Elderly Affairs	The Honorable Edward L. Burke, Chairman & Ann Elderkin, Research Analyst	Committee on Health Care Senate, Commonwealth of Massachusetts State House, Room 413C, Boston, MA 02133 617-722-1640
Representative: Secretary, Executive Office of Human Services	Nayla Mitropoulos	Executive Office of Human Services One Ashburton Place, 11th floor, Room 1109 Boston, MA 02108 617-727-4164
Representative: Day Care Department of Social Services	Nancy Schwachter Assistant Director	Department of Social Services 150 Causeway Street, Boston, MA 02114 617-727-0900
Representative: Director, Office for Children	Polly Halfberry Community Representative	Office for Children 10 West Street, Boston, MA 02111
Representative: Commissioner, Department of Public Welfare	Chela Tawa, Director of Community Relations	Department of Public Welfare 180 Tremont St., Boston, MA 02111 617-574-0234
Director: Project Bread	Annette Rubin Casas	Director of Advocacy and Programs 11 Beacon Street, Room 400 Boston, MA 02108
Director: Office of Nutrition	Ruth Palombo, Director	Department of Public Health Office of Nutrition 150 Tremont St., 4th fl., Boston, MA 02111 617-727-9283
Director: Massachusetts WIC Program	Mary Kellogrew Kassler, Director	Massachusetts WIC Program 150 Tremont St., 3rd fl., Boston, MA 02111 617-727-6876
Nutrition Coordinator: Massachusetts WIC Program	Janet Kallio State Nutrition Coordinator	Massachusetts WIC Program 150 Tremont St., 3rd fl., Boston, MA 02111 617-727-6876
Assistant Commissioner: Bureau of Parent, Child and Adolescent Health,	Deborah Klein Walker, Assistant Commissioner	Bureau of Parent, Child and Adolescent Health Massachusetts Department of Public Health 150 Tremont Street, Boston, MA 02111
Director: Division of Community Health Centers	Mary Leary, Director	Division of Community Health Centers Massachusetts Department of Public Health 150 Tremont Street, Boston, MA 02111

ATTACHMENT C:

1990 Meeting Schedule

OCTOBER, 1989	New Staff Training	Thursday, 10/5 Friday, 10/6 Thursday, 10/12
	Business Meeting	Friday, 10/27
	Substance Abuse and Pregnancy Conference	Monday, 10/30 Tuesday, 10/31
NOVEMBER	WIC All-Staff Conference	Tuesday, 11/14
DECEMBER	WIC Advisory Council	Tuesday, 12/5
	Business Meeting	Friday, 12/8
JANUARY, 1990	WIC Advisory Council	Tuesday, 1/30
FEBRUARY	Business Meeting	Wednesday, 2/7
	NAWD conference, New Orleans, LA	Tuesday, 2/13 through Saturday, 2/17
MARCH	New Staff Training	Thursday, 3/8 Friday, 3/9 Thursday, 3/15
	WIC Advisory Council	Tuesday, 3/27
APRIL	Business Meeting	Friday, 4/6
	Program/Nutrition Assistant Inservice	Wednesday, 4/18
	WIC Advisory Council	Tuesday, 4/24
	Healthy Mothers/Healthy Babies Conference	Thursday, 4/26 Friday, 4/27
MAY	Business Meeting	Friday, 5/11
	WIC/MCH Inservice	Thursday, 5/24
	WIC Advisory Council	Tuesday, 5/22
JUNE	New Staff Training	Thursday, 6/7 Friday, 6/8 Thursday, 6/14
	Business Meeting	Wednesday, 6/20
	WIC Advisory Council	Tuesday, 6/26
SEPTEMBER	Business Meeting	Friday, 9/14
	WIC Paraprofessional Inservice	Tuesday, 9/18
	WIC Advisory Council	Tuesday, 9/25

1/22/90

REVIEW OF FISCAL YEAR 1990 GOALS AND OBJECTIVES

PROGRAM

The primary Program objectives for FY 90 were:

1. To maintain efficient, effective delivery of appropriate benefits to 73,850 participants each month, with mid-year review and revision of supportable caseload as determined by available funding.

   A. Monitor local program active caseload each month to ensure maximum utilization of assigned caseload. Provide appropriate technical assistance to local agencies and recommend mid-year reallocation as necessary.

   Ongoing. Monthly caseload monitoring was conducted using several computer and manually generated reports including Active Caseload, Manual Count of Participation, and reconciliation reports. This data was used to provide technical assistance to all local WIC programs regarding the need to achieve caseload or manage down the caseload. Monthly caseload data is also utilized to project statewide participation levels and recommended caseload mid-year allocation/reallocation.

   A mid-year allocation of 4,650 new cases was distributed among 30 local programs in areas of high risk and high need, and letters were sent to 18 local programs in April and May to request implementation of a waiting list for Priority 5 participants.

   B. Collaborate with Systems, Vouchers and Vendors to review and improve reconciliation processing.

   Completed. Nine closeout and preliminary closeout reports have been consolidated into one closeout report and two preliminary closeout reports indicating issuance, participation and redemption for designated months.

   C. Collaborate with Systems to report all biweekly automatic masterfile updates such as terminations and food package changes.

   Completed. The bi-weekly Participant Update Listing now indicates all automatic updates, including terminations and food package changes. These listings give local WIC programs access to all pertinent changes to their participant masterfiles, thus enhancing their ability to effectively manage their caseload.

   D. Collaborate with other program components on the feasibility and development of a competitive bid for the purchase and distribution of special formulas.

   Postponed due to staff shortage.

E. Continue collaborative planning with Systems, Nutrition and Vouchers to develop a new MIS system.

Ongoing. See ADMINISTRATION, 2.A.

F. Monitor food costs in conjunction with Systems, Vouchers and Fiscal to ensure the provision of optimal nutritional benefits at reasonable costs.

Ongoing. See ADMINISTRATION, additional activities, and FISCAL, 1.C.

2. To coordinate WIC outreach activities with health and social service agencies that service high risk, WIC eligible populations.

A. Monitor progress of activities in local program FY 90 High-Risk Outreach Plans during management evaluations to ensure that local programs are carrying out targeted outreach to high-risk populations with an emphasis on adolescents, ancestral and cultural minorities (including Native Americans), and recent immigrants. Conduct final evaluation of objectives in June, 1990.

In process. FY 90 High Risk Outreach Plans were carefully reviewed prior to approval. Progress on activities has been monitored at local program management evaluations. The final evaluation will be conducted in July 1990.

B. Conduct an outreach campaign targeted to Priority 1 individuals to increase the number and percentage of high risk participants to 28,000 or 38% of currently assigned caseload.

Ongoing. This goal was revised due to the mid-year allocation of 4,650 new cases. The new goal is 30,000 Priority 1 participants by September 30, 1990. As of June 1990, there were 26,463 Priority 1 participants, an increase of 2,430 high risk participants compared to 24,033 Priority 1 participants in May 1989. This increase represents 41% of the revised goal of 5,967 additional Priority 1 participants. Outreach activities included:

- mailings to OB/GYN and pediatric doctors, hospitals' nutrition and social service departments, and Medicaid recipients
- development of PSAs, read by TV personalities, for statewide distribution on radio and TV
- development of car cards for MBTA and other buses and subways
- development of two brochures: "The Massachusetts WIC Program Invites You..." and "Your WIC Referrals Mean Healthier Children in Massachusetts"
- insertion of brochure, "The Massachusetts WIC Program Invites You...", in hospital reservation packets
- establishment of referral networks, protocols and cross-training with Healthy Start and Medicaid case managers
- submission of proposal to USDA for a teen outreach campaign coordinated with MCH-Nutrition
- ongoing activities at local programs

C. Continue building coordination and referral networks with the Department of Public Welfare's Medicaid and CommonHealth components.

1) Facilitate prompt enrollment of WIC-eligible DPW prenatal and infant clients through continued mailings of WIC materials and referrals by DPW staff.

Ongoing. WIC check inserts were mailed to AFDC and Medicaid recipients. Meetings are held with DPW staff regularly to discuss coordination of services, eliminate barriers and collaborate on outreach materials. The December Program Directors/Nutritionists Business Meeting included a presentation by DPW staff on Maternal and Child Health Programs - Medicaid of the Department of Public Welfare.

2) Investigate and, as feasible, establish interagency administrative and cost-sharing procedures with regard to Medicaid-reimbursable special formulas, Medicaid presumptive eligibility for WIC participants, and Medicaid physician completion of WIC referral forms.

Ongoing. Meetings were held with Medicaid and Healthy Start staff to ensure cross referrals of eligible prenatals to WIC and Medicaid. Medicaid mailings to physicians enrolled as Medicaid providers included information about WIC and a request for completion of WIC medical referral forms for potentially eligible individuals. In addition, a form is being developed which will be used by Massachusetts Department of Public Welfare staff to indicate a WIC applicant's/participant's participation in Medicaid, AFDC, and/or Food Stamps, thus proving adjunctive income eligibility.

Activities regarding special formulas have been postponed in anticipation of changes in federal regulations about Food Package III.

3. To standardize efficient, effective local program operations and ensure participant-centered services.

A. Collaborate with the Nutrition and Vouchers sections in evaluating all local programs to ensure efficiency and accuracy in eligibility determination and processing standards and in the provision of appropriate nutrition education, food vouchers, and referrals.

In process. Nineteen local programs have been evaluated (see Attachment A). Intensive follow-up of outstanding issues requiring corrective action has resulted in the resolution of numerous non-compliance issues.

B. Collaborate with the Nutrition and Vouchers sections to provide three training sessions for new local program staff.

Completed. Three-day training sessions were provided for new local program staff in October 1989, March 1990, and June 1990. A total of 126 new staff members attended these sessions.

C. Revise the Procedure Manual as necessary to reflect new state agency policies and procedures designed to increase the effectiveness and efficiency of local program operations such as the waiting list policy.

Ongoing. The Procedure Manual is being revised to reflect revised policies and procedures including adjunctive income eligibility, exclusion of military housing allowances from income, and homelessness.

D. Assess current statewide no-show rates for appointments and participation and determine acceptable standards for different types of no-shows. Provide technical assistance to local agencies whose rates exceed the standards.

In process. An assessment of statewide no-show rates for appointments will be conducted during July 1990. The assessment of no-show rates with respect to participation (voucher pickup) will be deferred until implementation of WIC 2.

E. Collaborate with Systems to review, redesign, and consolidate Supplemental Reports identifying participants due for repeat certification, second contact, categorical termination, etc.

Completed. These mainframe reports have been redesigned and consolidated and now require minimal breakdown time at the state agency.

F. Collaborate with Systems to redesign and refine participant statistics including priorities, health insurance, minority status, etc.

Completed. Monthly reports now include refined reporting of racial/ethnic data. This data is used to monitor bilingual/ bicultural staffing at local WIC programs in order to make recommendations for staffing changes needed to meet the specific needs of program participants. Health insurance data now includes information regarding the number and percentage of participants with health coverage and the number of participants referred to the Medicaid and Healthy Start programs.

4. To collaborate with the Massachusetts Department of Food and Agriculture with regard to the Farmers' Market Coupon Project.

   Ongoing. For the 4th year, Massachusetts WIC coordinated efforts with the Massachusetts Department of Food and Agriculture to provide WIC participants with coupons redeemable for fresh fruits and vegetables, foods which complement those currently provided to WIC participants. Some 38,552 WIC participants at 25 local WIC Programs were provided with $10 worth of coupons redeemable at fifty-two community farmers' markets. The WIC redemption rate was 57%. Total funding for the Farmers' Market Coupon Program in the 1989 growing season was $379,222, including $235,000 of federal funds for the first year of a three-year grant awarded Massachusetts for WIC participants. Over 173 farmers participated in the Program and increased average sales by $1,542. Elderly nutrition programs and homeless shelters also distributed coupons to their clients.

   Plans for summer 1990 include the distribution of $10 Farmers Market coupons to 42,004 WIC participants in 27 local WIC programs as well as visits by state WIC staff to local WIC programs and Farmers Markets to monitor activities.

   The Program Director and Program Manager participated in and made presentations at several state and national meetings regarding the Farmers Market Program. The activities of two local WIC programs were included in the Congressional evaluation of the first year of federal funding for the Farmers Market Coupon Program.

In addition, the following activities were undertaken in FY 90:

- A flyer was designed and distributed to all WIC participants encouraging them to complete and return their 1990 Census Questionnaire promptly.

- The Voucher Register was redesigned to enable the Manual Count to be done more easily with respect to bi-monthly voucher distribution.

- Program staff participated in the development and implementation of food cost savings activities which minimized the unexpected inflationary cost of dairy products. In addition, program staff serve as members of a food cost tracking committee which monitors, analyzes and projects monthly food expenditures.

- A report was designed for use at local program management evaluations which selects a sample of participants who redeemed their WIC vouchers; these participants' certification records are then examined at the management evaluation. (See Attachment B.)

REVIEW OF FISCAL YEAR 1990 GOALS AND OBJECTIVES

NUTRITION

The primary Nutrition objectives for FY 90 were:

1. To improve the effectiveness of breastfeeding promotion efforts and improve breastfeeding rates in local WIC programs.

   A. Monitor local programs' compliance with statewide breastfeeding policy.

      Ongoing. Local program compliance with breastfeeding promotion policy is reviewed during site visits. Compliance of the 19 programs visited is documented in the Site Visit Reports for those programs. In addition, 24 local programs included a breastfeeding objective as part of their annual Nutrition Education Action Plan. This is evaluated by the local program and the status and successes are reported to the state agency in the final report submitted in July.

   B. Provide practical information and training on breastfeeding to local program staff including nutrition assistants and program assistants.

      Ongoing. The Nutrition Education Task Force reviews and approves materials for local program use on breastfeeding promotion and support. A breastfeeding session was incorporated into New Staff Training for nutrition staff (Senior Nutritionists, Program Nutritionists, and Nutrition Assistants). The September 1989 inservice for nutrition assistants and program assistants featured Marsha Walker, Certified Lactation Consultant, on "Barriers to Breastfeeding".

   C. Monitor breastfeeding rates by program as part of the Department of Public Health's overall activity on improving breastfeeding rates and make recommendations for improvement as needed.

      Ongoing. Breastfeeding rates are collected and reported on the monthly participation report. This report is monitored by local agencies and reviewed by state agency nutrition staff at site visits and through the Nutrition Education Action Plans.

   D. Develop a public service announcement for breastfeeding women.

      Due to the cost of development and position vacancies for extended periods, the public service announcement for breastfeeding women was not developed. PSA's from other state WIC programs and agencies are being reviewed and considered for use throughout FY 91. A new breastfeeding promotion poster is currently in development, with completion anticipated in the fall.

2. To ensure access to and provision of culturally-appropriate nutrition services to all participants.

   A. Monitor minority caseload by program to provide appropriate culturally-specific information and staffing requirements to local programs.

      Ongoing. Reports to local programs identifying services to ethnic minorities have been distributed quarterly since the spring of 1990. A staff census was conducted to identify bilingual/ bicultural staffing patterns in order to assure provision of culturally-appropriate nutrition services. Recommendations for staffing patterns have been incorporated into contract stipulations. Provision of culturally-appropriate services is monitored at local program site visits.

   B. Monitor integration of SEA nutrition staff in local programs and provide technical assistance.

      Ongoing. This year's activities expanded to include all Special Target Populations (STPs; see 2.A, above). Monitoring and evaluation of STP educational activities and staffing patterns is conducted at site visits. Technical assistance is provided as requested and as need is identified.

   C. Provide information and training to local WIC and other DPH programs concerning high risk immigrant groups in the WIC-eligible population.

      In process. In conjunction with other DPH programs, a needs assessment identifying needs of high-risk immigrant groups is being completed. This information will be utilized to identify training needs of WIC and DPH personnel.

   D. Gather statewide figures on participation among the Haitian population. Provide cultural inservices and training on Haitian cultural food habits.

      Completed. Quarterly reports have been distributed to local agencies (see 2.A above). Local program staff attended the conference provided by the DPH Office of Nutrition on Haitian food practices in the previous fiscal year. Additional training needs will be identified by the WIC Multicultural Task Force.

   E. Develop cultural food guides of commonly consumed foods for local agencies and other programs to use during dietary assessment and nutrition education.

      Ongoing. The WIC Multicultural Task Force was formed and began meeting in March 1990 to respond to the needs and interests of WIC participants from different cultural groups. Task Force members are bilingual, bicultural local program staff representing

Haitians, Puerto Ricans and other Hispanics, Southeast Asians, and Portuguese. The Task Force meets monthly to: 1) develop multicultural nutritional assessment tools and education and training materials to facilitate and improve the quality of nutrition services, 2) review existing materials for cultural appropriateness and translation, 3) identify and develop strategies for conducting outreach to different cultural groups, and 4) identify strategies to increase breastfeeding rates among cultural groups.

F. Provide information on the benefits of early prenatal care to SEA participants through SEA Nutrition Assistants in order to increase early enrollment of SEA women in prenatal care.

Ongoing. Referrals and information are provided by all WIC staff to all clients including special target populations, to encourage and support early and ongoing prenatal care.

G. Continue to provide culturally and linguistically appropriate nutrition education.

Ongoing. A session on providing culturally-appropriate education and services has been incorporated into New Staff Training. All new nutrition staff participate in this session. See 2.E, above regarding culturally-appropriate nutrition education materials.

3. To enhance the quality of nutrition education through networking and collaborating with other programs.

A. Continue to collaborate with the AIDS Task Force and nutritionists from the Office of Nutrition and Community Health Services to develop a statewide policy regarding AIDS/ARC and breastfeeding.

In process. A policy on breastfeeding and HIV/AIDS, based on the Centers for Disease Control's breastfeeding policy, has been developed and is in the review process of all appropriate programs in the Department of Public Health.

B. Collaborate with Healthy Mothers/Healthy Babies Coalition to sponsor a statewide conference on substance abuse and pregnancy in order to increase referrals and integration of WIC and the health care system.

Completed. The statewide conference was held on April 26 and 27 in Marlborough, MA and attended by 250 professionals. The conference highlighted culturally-appropriate community-based, family centered programs that respond to the health care needs of WIC participants, including substance abuse resources and materials.

C. Coordinate with the Division of Substance Abuse and AIDS Office of the Department of Public Health to develop inservice training programs for staff in regards to drug/alcohol use and AIDS and related nutrition issues.

Completed. Paraprofessional inservice training in April 1990 included a presentation by DPH Substance Abuse Program staff on state programs and resources. Information for referral was distributed to and is utilized by local programs.

D. Develop a Physician's Task Force to review policies regarding infant feeding, nutritional risk criteria and adolescent weight gain recommendations.

Deferred due to staffing limitations.

E. Collaborate with other program components on special activities designed to increase the number of Priority I participants, especially pregnant and breastfeeding women.

Completed. See PROGRAM, #2.B.

F. Continue collaboration with the Office of Nutrition and Community Health Services on providing continuing education programs for local WIC programs.

Ongoing. WIC staff collaborated with Primary Care-Community Health Services and the Office of Nutrition on the October, March and June New Staff Trainings. Training sessions were provided by nutrition professionals from both programs. The annual MCH-WIC Nutrition Conference, sponsored jointly by Primary Care, WIC, and the Frances Stern Nutrition Center at Tufts University, was held in May 1990. Seventy-five nutritionists from WIC programs and Community Health Centers attended.

G. Continue collaboration with the Office of Nutrition and other DPH programs serving the WIC eligible populations to share health, nutrition, and nutrition education and counseling issues, materials and methods, particularly with regard to minority groups and other high risk populations.

Ongoing. This is accomplished internally through participation on appropriate task forces and work groups, as well as individual projects. Conferences and in-service trainings are planned and provided collaboratively to facilitate integrated service delivery.

- The Diabetes Control Program collaborated with the Nutrition Education Task Force to develop the Gestational Diabetes pamphlet.

- o Other DPH program staff collaborated with WIC to provide educational sessions at the state WIC conference.

- o The Nutrition Education Task Force, comprised of nutrition professionals from WIC and Community Health Centers, developed the "Healthy You, Healthy Baby" teen nutrition pamphlet.

H. Continue collaboration with the DPH Adolescent Health Task Force to develop nutrition standards for prenatal adolescents and enhance coordination between WIC and adolescent health programs.

Completed. WIC nutrition staff participated in the DPH-BPCAH Adolescent Health Task Force to identify and address issues of service needs for adolescents. The final draft of the Adolescent Nutrition Policy is currently in the DPH review process.

I. Continue collaboration with the Office of Nutrition to identify children at risk for severe pediatric undernutrition through the SSPUN Project.

Completed. Project data collection is completed and evaluation and final reporting preparation is in process by the Office of Nutrition. Collaboration will continue as needed in response to the reported outcomes and recommendations.

4. To institute system changes to improve the quality and cost effectiveness of nutrition services.

A. Continue to develop a statewide competency-based protocol for training paraprofessional Certified Professional Authorities (CPA's).

Revised. Due to staffing limitations and the development of a new MIS system, a specific training program was not developed. All educational and training guidelines and materials are in revision to reflect the changing service delivery system. Training will be provided upon completion of revisions and/or at the time of each local agency conversion.

B. Enhance the nutrition section of New Staff Training sessions by coordinating with the Division of Community Health Centers and its MCH Primary Care Program.

Completed. See 3.F, above.

C. Develop nutrition care protocols for nutritional risk standards.

In process. New Staff Training was revised to present current policies for the provision of nutritional care in response to nutritional risks. The revision of current written protocols and the development of additional protocols will coincide with the implementation of WIC 2.

D. Enhance the quality of nutrition services by collaborating with Program and Voucher sections on local program monitoring and technical assistance in nutrition and nutrition education.

Ongoing. Nutrition staff are present at all site visits, in conjunction with program and voucher sections, to review and ensure the delivery of quality nutrition services. Technical assistance is provided to local programs on request or as need is identified.

E. Continue to enhance the food package tailoring system under the present MIS system.

Completed. The food package tailoring system has been incorporated into WIC 2.

F. Continue to collaborate with the Systems, Program, and Voucher sections to implement a new MIS system, including the design of a new food package system.

Completed. Nutrition staff actively participated and contributed to the design of system modifications for WIC 2. The system is coordinated with CDC's Pediatric and Prenatal Nutrition Surveillance Systems for monitoring nutritional status. The food package programming has been incorporated to allow close monitoring of tailored food package prescriptions. Risk factor coding and priority determination was reviewed, modified and incorporated into the system. The system will provide monthly reports for each local program and for the state agency which identify the nutritional risk of all WIC participants by category.

G. Collaborate with Special Projects, Fiscal and Food Delivery on the feasibility of designing a competitive bid system for distribution of special formulas.

Postponed. See PROGRAM, #1.D.

H. Monitor food costs in conjunction with Fiscal, Program and Vouchers to provide optimal nutrition benefits at a reasonable cost, and modify WIC food vouchers and/or packages if necessary.

In addition, the following activities were undertaken in FY 90:

- A special project proposal on nutrition education and outreach to pregnant teens was developed and submitted to FNS. The project utilizes teen focus groups to develop radio and television PSA's, posters, car cards, and other nutrition education materials.

- The special formula handbook, "Formulas Available From the Massachusetts WIC Program", was developed and distributed. This guidebook identifies the nutritional contributions and indications for use of all formulas available from WIC. This is particularly valuable for assessing, counseling and educating participants on the use of special formulas.

- Various nutrition education materials on the following subjects were developed, translated and distributed as follows:

  - pamphlet on dental care (developed)
  - "Foods to Grow On", pamphlet on underweight children (developed)
  - "Nutrition Questionnaire for Infants" (revised)
  - "Nutrition Questionnaire for Prenatal Women" (translated into Spanish and Laotian)
  - "Nutrition Questionnaire for Children" (translated into Laotian)
  - "Stretch Your Food $$" (translated into Spanish, Cambodian, Chinese, French, Laotian, Vietnamese, Portuguese)
  - "Rights and Responsibilities" (revised; translated into Spanish, Cambodian, Chinese, French, Laotian, Vietnamese, Portuguese)
  - "How To Prepare Powdered Formula" (translated into Portuguese and Laotian)
  - "Kick the Bottle Habit" (translated into Laotian)

- WIC staff made presentations at Framingham State College, Tufts University and Boston University for outreach, education and awareness, and staff recruiting.

- A grant proposal was submitted to USDA/FNS in response to the RFP on "Breastfeeding Conferences for WIC Local Agency Professionals". The proposal represents a collaborative and coordinated effort from all states in the Northeast Region. The proposal is to provide a series of conferences throughout the region, featuring a keynote team of experts and local program experts to address issues of providing effective breastfeeding promotion and services.

- The Assistant Director for Program and Nutrition served as a member of the Healthy Start Policy Committee and was instrumental in having nutrition services included as a reimbursable service within the Healthy Start regulations.

REVIEW OF FISCAL YEAR 1990 GOALS AND OBJECTIVES

FISCAL

The primary Fiscal objectives for FY 90 were:

1. To monitor food costs and modify food vouchers and packages in conjunction with the Program, Nutrition and Vouchers sections to provide optimal nutritional benefits at a reasonable cost.

   A. Monitor the automated system of food package cost identification by priority and category, and modify as necessary.

      In process. A system has been developed to monitor voucher costs by category and this will be expanded by July 1, 1990 so that food costs can be monitored.

   B. Maintain a system of counting participation on a monthly basis by priority and target population, and modify as necessary.

      Ongoing. Counting participation is achieved through both a closeout, reconciliation report and a manual count. Work on the new WIC MIS includes a system for achieving an accurate count by local agencies that should replace the manual count.

   C. Implement a more extensive and detailed system for projecting and tracking food costs that incorporates the different methodologies developed to monitor inflation, project participation, and make predictions on the basis of available data.

      Completed. During FY 90, a number of changes were made to the system for tracking and projecting food costs, both on an issuance and a redemption basis. The system is detailed and takes into consideration fluctuations in participation, food cost inflation of specific items as well as on an overall basis, infant formula rebate, redemptions, cash flow, and administrative conversion amounts.

      WIC staff utilizes the information produced on a regular basis in order to track food costs. Adjustments to inflation projections, cash management and caseload are made as necessary.

      The system has proven to be accurate (when food cost inflation can be reasonably well predicted) and is an essential tool in managing WIC caseload and cash flow.

   D. Incorporate the infant formula rebate dollars and expenditures into the system for tracking food costs and expenditures.

      Completed.

2. To insure proper, precise and timely disbursement of funds for contracted services.

   A. Prepare and monitor transfer of weekly drawdowns of federal funds.

      Ongoing. Drawdowns of federal funds are prepared and monitored on a weekly basis.

   B. Prepare 498 reports for timely submission; continue to refine computerized system.

      Ongoing. Monthly reports are prepared using a computerized system that has been modified to incorporate the effects of infant formula rebate.

   C. Maintain standard property management/inventory procedures in local agencies.

      Ongoing. Local program property management files were brought up to date and are updated as equipment is purchased. Reports were sent to local programs for verification.

   D. Continue working with Class Rate Work Group and Rate Setting Commission to develop a reasonable class rate. Hold hearings in the spring of 1990, if approved by the Department of Public Health and the Rate Setting Commission.

      On hold. Significant changes in the Commonwealth's system for financing purchase of service contracts have necessitated postponing the development of a class rate or unit rate for WIC services. The Commonwealth's current system of line item reimbursement is being replaced by a component and categorical pricing system that is intended to simplify the contract budgets. The Class Rate Work Group met for discussion and developed definitions for WIC Program units of service prior to the State's organizational changes.

   E. Continue to monitor new banking services contract.

      Ongoing. The banking contract is monitored to verify billed expenses and to ensure quality of services. Personnel from the contract bank have met with WIC staff to: 1) resolve identified operational problems, 2) plan service improvements, and 3) initiate changes which will be necessary in order to implement WIC 2.

   F. Implement and monitor FY 90 local agency contracts and amendments.

      Ongoing. FY 90 contracts and midyear amendments have been implemented and monitoring is ongoing to ensure timely and appropriate expenditure of funds.

G. Provide technical assistance to local agencies on fiscal and contractual issues affecting the support of direct services and other program operations.

Ongoing. Technical assistance and training was provided to local programs for the development and submission of FY 91 budgets and related information for local program contracts, particularly as regards the new component pricing system.

3. To sustain internal systems for recording and projecting state agency fiscal activities, and modify as necessary.

A. Continue monthly analyses of expenditures and allocations and make line item adjustments to the budget or modify operations as necessary.

Ongoing. This activity is done in conjunction with the Department of Public Health's Budget Office.

B. Maintain property management/inventory control procedures at the state agency.

Ongoing. State agency property management files have been brought up to date and are amended as equipment is purchased.

C. Maintain and refine WIC automated accounting system.

Ongoing. The system is fully developed and is maintained as needed.

D. Amend written operating procedures for WIC state agency fiscal activities as mandated by policy and procedural changes.

Ongoing. Comprehensive operating instructions for WIC's automated financial systems are in the process of being written and will be organized into an operating manual.

4. To sustain the analyses and monitoring of local program budgets, obligations and expenditures.

A. Utilize budget and expenditure report analyses to make recommendations on local agency budgets and salary schedules.

Ongoing. Local agency budget and expenditure data was utilized during the FY 90 midyear amendment process to make local program operating and contract decisions and was used in FY 91 local program contracting.

B. Conduct FY 90 salary survey using new contract budget data, and develop reasonable marketplace salary levels for comparison with WIC positions.

Completed. WIC staff completed a FY 90 salary survey as part of the Massachusetts WIC Program's ongoing commitment to more adequate salaries for local WIC Program staff and financial support for local WIC Programs. The analysis showed that while salaries have increased in the periods from FY 87 to FY 90 and FY 88 to FY 90, overall local program average salaries continue to need improvement.

The salary study was utilized in state agency decisions regarding midyear contract allocations and FY 91 contract decisions. The Commonwealth's Executive Office of Administration and Finance completed an analysis of marketplace salaries for human service positions that WIC can use to assess the salaries it pays.

5. To implement and monitor the infant formula price enhancement system.

A. Continue to analyze federal regulations and guidelines and modify system as necessary.

Ongoing.

B. Implement new accounting system to track receipt and expenditures of infant formula rebate dollars.

Completed. An automated system generates bills and tracks receipts and expenditures.

C. Implement and monitor new methodology for preparing the federal monthly 498 report.

Ongoing. An automated system has been developed to incorporate rebate into the 498 preparation. Previously, this was done manually.

D. Continue to implement newly developed billing system for Mead Johnson Nutritionals.

Completed. An automated system generates bills for Mead Johnson Nutritionals' rebate payments. The base data is generated by a WIC mainframe reconciliation report, and this data is keyed to a PC Lotus program in order to generate a bill.

E. Develop and implement system to monitor standard, non-contract prescription formula.

Completed. A closeout report is generated which details participant use of standard non-contract and special Medicaid formula by local program, and provides a statewide summary of such use. The percentage of infants receiving non-contract standard formula is low. This percentage will be closely monitored to ascertain trends which would have an adverse impact.

F. Develop and implement a system to monitor vendor prices on contracted infant formula. Follow up if increases are excessive.

Completed. A system has been developed to monitor vendor prices on all WIC foods (at present this is accomplished through a vendor sampling strategy), and infant formula price changes can be easily assessed.

6. To continue to reduce food costs for the Massachusetts WIC Program.

A. Explore the feasibility of rebates for other WIC products. If feasible, plan for implementation.

In process. Criteria for developing and implementing rebates for WIC products other than infant formula were developed and will be presented to DPH senior management. The WIC Program Director attended a meeting of state WIC programs on the potentials of cost containment for WIC cereal products; the complexities of cereal rebates were discussed as was a coupon program. Further activity is dependent on staffing and feasibility.

B. Investigate feasibility of competitive bidding in conjunction with direct distribution for special formula prescriptions. If feasible, plan for implementation.

Postponed due to staff turnover and vacancies.

C. Determine the feasibility of arranging for receipt of coupons for cereals from the major cereal manufacturers. If feasible, plan for implementation.

See 6.A. above.

In addition, the following activities were undertaken in FY 90:

- An analysis of the Commonwealth's new cost classification structure was completed and impact on WIC budgeting assessed.

- Two audits of program operations were conducted: 1) the WIC portion of the single source audit of the Department of Public Health conducted by Touche Ross; and 2) staff members of Bristol-Myers, parent company of Mead-Johnson Nutritionals, conducted an audit of the data and procedures relating to the Infant Formula Price Enhancement System.

- Data was collected from WIC local programs to assess the allocation of time among various program activities. The "Time Study" examined vendor monitoring, certification, nutrition counseling, and other administrative activities and was utilized in program planning as well as for federal reporting purposes.

- The Massachusetts WIC Program conducted a survey of food packages and analysis of the data resulting from a request sent to the fifty-one state WIC Programs. The Food Package Survey was done in order to ascertain state WIC Program activities with regard to cost savings changes in food packages and voucher messages. The survey indicated that several state WIC Programs had undertaken food package changes which disallow higher priced items in order to maximize participation by saving food costs. At the same time, state WIC Programs have added or changed voucher messages which emphasize cost effective shopping or other consumer activity. Considering the number and range of items available for WIC food items, a significant narrowing of participant choice or nutritional quality by state WIC Programs did not seem indicated at the point in time the survey was taken. Massachusetts WIC was in the middle in terms of numbers of items and variety in food packages -- overall, significantly more than the most stringent states but less than others.

REVIEW OF FISCAL YEAR 1990 GOALS AND OBJECTIVES

VOUCHERS

The primary Vouchers objectives for FY 90 were:

1. To increase Local Program service capacity by improving voucher management systems.

   A. Develop the new WIC Management Information System, in collaboration with other sections.

      Ongoing. General design, screens, and edits for WIC 2 have been developed as of June, 1990. All sites have been visited to determine their hardware needs. Phase 1 has been completed; data entry and editing have been automated at all Local Programs, and all staff trained.

   B. Facilitate local program use of monthly management reports by adding the food package number to voucher-related reports, e.g., cash error and multiple issuance.

      Completed.

2. To ensure appropriate rates of manual voucher use by Local Programs.

   A. Monitor manual voucher (MV) use by programs, using reconciliation reports.

      Ongoing. Local Program report has been designed and implemented.

   B. Establish which program characteristics (e.g., no show rates, type 1 input errors) contribute to increased MV use.

      Completed. Technical assistance provided to Local Programs to resolve problems.

   C. Define and implement maximum MV use rates.

      Ongoing. Technical assistance was provided to Local Programs that were significantly above the average.

3. To minimize funds lost through lost and stolen vouchers.

   A. Revise stop payment form.

      Completed and implemented. Forms now include language warning participants about the possible consequences of fraudulently reporting vouchers lost or stolen, and a signature line.

B. Develop and implement a statewide policy on lost and stolen vouchers.

Developed and implemented. Local Programs call in stop payments directly to the WIC bank, with confirmation to the state office. If a participant is unsure of which vouchers were lost or stolen, the entire package is reported.

C. Increase local programs' capability to follow up on lost and stolen vouchers by sending them copies of all vouchers that were paid prior to the stop payment.

Ongoing. Copies of all vouchers that were paid prior to the stop payment are automatically forwarded to the Local Programs.

REVIEW OF FISCAL YEAR 1990 GOALS AND OBJECTIVES

VENDORS

The primary Vendors objectives for FY 90 were:

1. To maintain intensive investigations of high risk vendors and apply sanctions as necessary.

   Ongoing. 22 vendors were investigated, 14 received more than one compliance buy. 20 vendors were disqualified and approximately 6 more disqualifications are underway.

2. To increase recovery of monetary claims from vendors by working with the Office of the General Counsel and the Attorney General's office to recover money from vendors who are assessed monetary claims.

   Ongoing. 12 cases were referred to the Attorney General's office. Funds have been recovered from 1 vendor to date. Civil lawsuits have commenced to collect the amount due from the 11 vendors who have not responded.

3. To collaborate with the WIC banking service to automate manual reimbursements.

   In process. The specifications for automation of the manual reimbursement system have been writen. WIC staff are currently collaborating with MIS consultants to integrate the Vendor Payment System into the new MIS.

4. To collaborate with other program components on reducing the cost of infant formula through a centralized distribution system for special prescription formulas.

   Postponed due to staff shortage.

5. To reduce substitution of non-WIC foods for WIC foods by collaborating with the Massachusetts Food Association and chain stores to investigate the use of Universal Price Codes (UPC's) to flag WIC foods at the cash register.

   The Massachusetts Food Association considered this question and found it to be too costly and therefore not cost effective for vendors to implement.

REVIEW OF FISCAL YEAR 1990 GOALS AND OBJECTIVES

SYSTEMS

The primary Systems objectives for FY 90 were:

1. To improve the quality and integrity of WIC data in preparation for new MIS system.

   A. Continue to refine WIC system edits and updates.

      Ongoing. Date edits for input to vendor and voucher masterfiles were refined, and automatic status updates and certain automatic food package updates were changed so that they occur both on and after anniversaries. Participant, vendor and voucher edit reports were revised for clarity and ease of use.

   B. Identify and correct invalid and inconsistent data on the participant, voucher and vendor masterfiles.

      Ongoing. Invalid and inconsistent data on participant, vendor and voucher masterfiles have been identified, and local programs are currently correcting some of this bad data. Invalid class codes on the vendor masterfile were corrected, and invalid termination dates on the participant masterfile were corrected.

   C. Continue to monitor for and correct inconsistent data on masterfiles.

      Ongoing. Programming changes to prevent invalid termination dates from appearing on the participant masterfile were implemented. Reports highlighting bad data on the masterfiles are being run on a regular basis and sent to the local programs for correction.

2. To resolve system deficiencies.

   A. Continue to implement any short term changes which improve the current system and which can be implemented without major programming changes.

      Ongoing. JCL was rewritten to make it easier for the operators to do restarts, unused reports were eliminated, and file totals and voucher create balancing were improved by having totals displayed in the JCL job log.

B. Eliminate manual intervention in current system where possible by automating date processing and putting manually controlled jobs into production.

Ongoing. Manually controlled jobs which created the bank tapes and the manual voucher logs are now in production, and all manually input dates except one have been changed to automatic dates.

3. To collaborate with other program components on initiatives involving Systems.

A. Continue to implement cost saving measures and other enhancements related to food packages and participants.

Ongoing. A new closeout report for monitoring usage and cost of contract, non-contract and special formula packages has been created. In addition, programming changes required for one year certification of infants have been investigated, 22 food packages for the homeless and 58 tailored packages for toddlers were added, and 220,410 regular Farmer's Market coupons and 48,240 manual Farmer's Market coupons were produced.

B. Review, redesign and consolidate reports.

Ongoing. Site visit reports with data on randomly selected participants and participants receiving special food packages were developed, food package was added to the manual voucher update report, and the supplemental reports were rewritten to print by local program. In addition, the voucher register and vouchers have been changed to distinguish more easily between cycles and months within cycles. Total figures for the expanded ethnic codes were added to the participant report.

C. Review and improve reconciliation processing in collaboration with Program, Vouchers and Vendors.

Ongoing. Closeout reports have been consolidated and refined, and the ethnic report has been revised to count infants more accurately. The cash error report was consolidated.

D. Improve caseload monitoring in collaboration with Program by reporting all biweekly automatic masterfile updates such as terminations and food package changes.

Completed. The Participant Update report has been changed so that it lists detail and totals for all automatic updates (status, food package, and termination). Totals for input terminations and reverse terminations were also added.

E. Enhance the voucher tracking system by adding the food package number to accountability reports.

Completed. The food package number was added to the voucher masterfile, the Multiple Issuance Report, and the Participant Not on Masterfile report.

F. Revise the manual voucher printing order.

Not started.

4. To continue collaboration with DPH, BSPP, and USDA/NERO management staff on the development and implementation of the new MIS.

A. Implement new data entry system for participants and vendors using PC's and diskettes.

Successfully completed, with major reductions of error rates and time spent on data issues.

B. Participate in development and implementation of the new MIS in conjunction with selected vendor.

In process. Contract is signed and design of new MIS is on schedule, with extensive collaboration among all sections of WIC.

In addition, the following activities were undertaken in FY 90:

- Computer programmers received training in ADABAS and NATURAL in preparation for WIC 2.

- Systems staff is investigating changes needed for one-year certification for infants using the current MIS system, in preparation for WIC 2. Currently, infants are certified for a 6-month or a 10-month period. Such a change would improve participant access to services.

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Massachusetts WIC Program

PROCEDURE MANUAL

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Massachusetts WIC Program
STATE PLAN

SECTION 2:
Procedure Manual

STATE PLAN

Section 2: Procedure Manual

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THE STATE PLAN

THE STATE PLAN IS THE COMPLETE PLAN OF OPERATIONS FOR THE MASSACHUSETTS WIC PROGRAM AT THE STATE AND LOCAL LEVELS. IT HAS THREE MAJOR SECTIONS:

1. STATE AGENCY GOALS AND OBJECTIVES
2. PROCEDURE MANUAL
3. STATE AGENCY OPERATIONS

KEEP YOUR STATE PLAN UPDATED AS DIRECTED BY THE STATE AGENCY.

KEEP YOUR STATE PLAN READILY ACCESSIBLE FOR USE BY ALL YOUR STAFF.

USING THE TABLE OF CONTENTS

Each section of the State Plan is listed in the Table of Contents. All numbers and letters identifying the section in the Table of Contents are repeated on the top right corner of the corresponding page(s) in the text.

For example, if you want to find the guidelines for documenting prescription formulas in the participant record, look it up in the Table of Contents and note all the numbers and letters which identify it:

IV. PARTICIPATION

D. CERTIFICATION

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UPDATING THE STATE PLAN

Frequently, the state WIC office will send out policy changes in the form of a State Plan amendment, with a revised Table of Contents page. Make sure you insert these updates into your Procedure Manual promptly so it will always be up to date. Make a copy of the update for each Procedure Manual at each of your sites.

SECTION 1: STATE AGENCY GOALS AND OBJECTIVES

SECTION 1 OF THE STATE PLAN DETAILS THE STATE AGENCY'S GOALS AND OBJECTIVES FOR THE COMING FISCAL YEAR FOR EACH COMPONENT: NUTRITION, PROGRAM, FISCAL, VOUCHERS, VENDORS, AND SYSTEMS.

SECTION 1 ALSO REVIEWS THE STATE AGENCY'S GOALS AND OBJECTIVES FOR THE PREVIOUS YEAR.

Public Hearings are held each year to give interested persons an opportunity to comment on the State Plan, especially the state agency's goals and objectives.

SECTION 2: THE PROCEDURE MANUAL

THE PROCEDURE MANUAL DETAILS THE POLICIES AND PROCEDURES INVOLVED IN THE SUCCESSFUL OPERATION OF A LOCAL WIC PROGRAM.

The Procedure Manual is a reference document which details the federal regulations and state requirements for running a local WIC program. Use it to determine the requirements and to develop procedures for ensuring your program's compliance with them.

STRUCTURE OF THE PROCEDURE MANUAL

I. THE STATE PLAN Explains the State Plan and defines the terms used in it.

II. THE STATE WIC OFFICE Outlines the purpose, components and staff of the state WIC office.

III. PROGRAM DEVELOPMENT Details procedures for setting up a local WIC program and describes the local program's relationships with its sponsoring agency and its community.

IV. PARTICIPATION Explains each step in the process of certifying a WIC participant and providing WIC benefits.

V. PROGRAM ADMINISTRATION Outlines the step-by-step process for running a local WIC program.

VI. VOUCHERS Also called the Voucher System Manual. Gives detailed instructions for using the WIC voucher system. Use in conjunction with the WIC Local Program Computer Manual.

VII. VENDORS Explains each procedure regarding WIC vendors.

Although the Procedure Manual is part of the State Plan, it is also a separate document that stands on its own. You may request as many copies of the Procedure Manual as you need for your staff and sites.

FORMAT OF PROCEDURE MANUAL SECTIONS

The Procedure Manual is set up as an expanded outline, and is organized to provide you with step-by-step guidance for administering your WIC program.

Each section begins with a summary, surrounded by a box. THE INSTRUCTIONS IN THE BOXES ARE MANDATORY; THEY ARE THE BASIC RULES FOR RUNNING A LOCAL WIC PROGRAM.

The text below the boxes explains and expands on the information in the boxes, and often provides suggestions from which you can choose. Options are generally indicated with dashes or dots, while requirements are listed by number.

Use the Procedure Manual frequently. The state agency updates it often so that you will always have up-to-the-minute information on federal regulations, state requirements, and the many options you have for implementing them.

SUPPLEMENTAL MATERIALS

The following supplemental materials are produced by the state WIC office for use in conjunction with the State Plan:

- Nutritional Risk Criteria for Certification Nutritional risk factors for the current year.

- Instruction Guides for Assessment and Certification Detailed instructions for using the assessment and certification forms for pregnant women, postpartum women, infants and children.

- E.M.P.O.W.E.R. Instructions for evaluating nutrition education materials.

- Guidelines for Providing Breastfeeding Support in Local WIC Programs

    - o Phone
    - o Individual
    - o Group

- Training Modules for Nutrition Paraprofessionals

    - o Children on the Bottle
    - o Iron Deficiency
    - o Lead Poisoning and Prevention
    - o Overweight Kids

- Formula Intolerance Checklist Instructions for assessment and treatment of gastrointestinal problems in infants, with guidance on determining whether symptoms are due to formula intolerance.

- Food Package information Detailed descriptions of WIC food/formula packages, vouchers used in each package, messages on vouchers, etc.

    - o Food Package Tables
    - o Manual Voucher Packages
    - o Voucher Types (Numerical Listing)
    - o Description of Tailored Food Packages
    - o Formulas Available From the Massachusetts WIC Program (nutrition information)
    - o Special Prescription Formula Packages (voucher messages)

- Originals Packet Listings of all forms and form letters local programs are required to use, and clean "original" copies of materials not printed in bulk by the state WIC office.

- Program List Information about each local WIC program in Massachusetts, including addresses, sites, site hours, and staff.

- State Office Staff Who's Who Titles and job descriptions for all state agency staff.

SECTION 3: STATE AGENCY OPERATIONS

THE STATE AGENCY OPERATIONS SECTION OF THE STATE PLAN OUTLINES PROCEDURES USED BY THE STATE WIC OFFICE TO ADMINISTER THE WIC PROGRAM IN MASSACHUSETTS.

DEFINITIONS

REFER TO THE LIST BELOW FOR DEFINITIONS OF MOST TERMS USED IN THE STATE PLAN.

FOR DEFINITIONS OF TERMS RELATED TO THE COMPUTER SYSTEM, SEE THE GLOSSARY SECTION OF THE VOUCHER SYSTEM MANUAL (PART V.A OF THIS PROCEDURE MANUAL).

Active caseload: the number of women, infants and children eligible to receive vouchers each month from a local program.

Affirmative action plan: the formal plan developed by the state WIC office to determine allocation of WIC funds according to need.

Applicant: person applying for WIC benefits.

Assigned caseload: the number of participants to be served by a local WIC program, designated by the state WIC office.

Breastfeeding: breastfeeding an infant at least once a day.

Breastfeeding woman: a woman up to one year postpartum who is breastfeeding her infant.

Catchment area: the geographic area served by a local WIC program.

Certification: the use of criteria and procedures to assess and document each applicant's eligibility for the WIC Program.

Children: persons who have had their first birthday but have not yet attained their fifth birthday.

Competent professional authority (CPA): individuals who determine nutritional risk and prescribe WIC supplemental foods as outlined in the Federal regulations. In Massachusetts, senior and program nutritionists and nutritionist/directors are CPAs. Nutrition paraprofessionals may become CPAs with authorization from the State Nutrition Coordinator.

Days: calendar days except for those time standards which specify working days.

Department: the Massachusetts Department of Public Health (DPH).

Disqualification: the act of ending the participation of an authorized WIC vendor or authorized local WIC agency, whether as a punitive sanction or for administrative reasons.

Division: the Division of Family Health Services (DFHS) within the Massachusetts Department of Public Health.

District Health Office (DHO): the office representing the Massachusetts Department of Public Health, Division of Family Health Services in each geographic region.

Dual participation: participation in more than one local WIC program and receiving benefits from each.

Federal regulations: rules governing WIC issued by the U.S. Department of Agriculture.

Fetal mortality: death occurring between 20 weeks gestation and birth.

Federal fiscal year: the period of 12 calendar months beginning October 1 of any calendar year and ending September 30 of the following calendar year.

FNS: the Food and Nutrition Service of the U.S. Department of Agriculture.

Food delivery system: the method used by the WIC Program to provide WIC supplemental foods to participants.

FTE: Full Time Equivalency, or the decimal indicating the percentage of full time employment an employee works on an annual basis. A full time employee works 1 FTE; a person working 10 hours in a 40 work week works 10/40 or .25 FTE.

Health care: ongoing, routine pediatric and obstetric services.

Income poverty guidelines: income poverty guides as adjusted annually by the federal Office of Management and Budget.

Infants: persons under one year of age.

Infant of a high risk mother: an infant up to six months of age born to a woman who was at nutritional risk during pregnancy but was not enrolled in WIC.

Local agency (LA): a public health or human service agency or a private, non-profit health or human service agency which provides health services, either directly or through contract in accordance with the Federal regulations. Generally used to refer to those agencies providing local WIC services through contract with the Department of Public Health.

Local WIC program: the programmatic unit within a local agency that directly provides WIC services to WIC participants.

Low birth weight: birth weight under 2500 grams or under 5 lbs., 8 oz.

Migrant farmworker: an individual whose principal employment is in agriculture on a seasonal basis who has been employed within the last 24 months and who establishes, for the purposes of such employment, a temporary abode.

Monthly participation: total number of women, infants and children picking up vouchers, based on the voucher issue month.

NERO: the New England Regional Office of the U.S. Department of Agriculture.

Needs assessment: a computer-generated ranking by relative need of Massachusetts cities and towns based on economic and health indicators.

Non-profit agency: a private agency which is exempt from income tax under the Internal Revenue Code of 1954, as amended.

Nutrition education: individual or group educational sessions and the provision of information and education materials designed to improve health status, achieve positive changes in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences.

Nutritional risk: (1) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (2) other documented nutritionally related medical conditions; (3) dietary deficiencies that impair or endanger health; or (4) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

Participant: a pregnant woman, breastfeeding woman, postpartum woman, infant or child who has been certified by the WIC Program and is receiving vouchers for WIC supplemental foods.

Participation: the number of persons who have received food vouchers during the reporting period.

Pharmacy: a retail vendor of infant formula that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC infant formulas to WIC participants.

Postpartum woman: a woman up to six months after termination of pregnancy.

Pregnant woman: a woman determined to have one or more embryos or fetuses in utero.

Priorities: the order in which the local program fills vacancies after it has reached caseload.

Program: the Special Supplemental Food Program for Women, Infants, and Children (WIC).

Repeat certification: the use of criteria and procedures to assess and document a participant's continued eligibility for the WIC Program immediately following a complete WIC certification period.

Respondent: respondent to the request for proposals (RFP).

RFP: a formal request for proposals issued by the Massachusetts Department of Public Health, Division of Family Health Services to solicit applications from local agencies to provide WIC services.

Site(s): the location(s) where WIC services are provided to participants.

State: the Commonwealth of Massachusetts.

State fiscal year: the period of 12 calendar months begining July 1 of any calendar year and ending June 30 of the following calendar year.

State WIC office: the unit within the Department of Public Health, Division of Family Health Services which administers WIC functions throughout the State.

Termination: the act of ending the participation of a WIC participant, whether for administrative reasons or as a punitive sanction.

USDA: the United States Department of Agriculture.

Vendor - a retail food outlet or pharmacy that has a formal agreement with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

Voucher system: a centralized computer system operated by the state WIC office which produces food vouchers for all program participants and management reports for use by local WIC programs and the state WIC office.

Waiting list: a list of women, infants and children who apply for WIC but cannot be assessed to determine eligibility because the local WIC program has reached its assigned caseload.

WIC: the Special Supplemental Food Program for Women, Infants and Children.

WIC benefits: nutrition education and counseling, supplemental foods and health care referrals.

WIC infant: an infant up to six months of age born to a woman who participated in the WIC Program while pregnant.

WIC vendor: a retail food outlet or pharmacy that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

THE COMPONENTS OF THE STATE WIC OFFICE

UNDER THE ADMINISTRATIVE OVERSIGHT OF THE STATE WIC DIRECTOR, THE STATE WIC OFFICE HAS THREE PRIMARY SECTIONS:

1. PROGRAM AND NUTRITION
2. FISCAL AND SYSTEMS
3. FOOD DELIVERY

** The Assistant Director for Program and Nutrition oversees:

- o Maintenance of professional standards for all nutrition activity
- o Development and provision of nutrition education resources
- o Allocation and management of local program caseloads
- o Provision of technical assistance and training to local staff

** The Assistant Director for Fiscal and Systems oversees:

- o Contracting and billing for local agencies
- o Cash receipts and disbursement of food dollars
- o Policies and procedures for all electronic data processing

** The Assistant Director for Food Delivery oversees:

- o Production of food vouchers and management reports
- o Contracting of food vendors
- o Monitoring of vendor redemption patterns

See Section 3 of the State Plan for an organizational chart of the state WIC office staff.

STATE WIC OFFICE STAFF

THE "STATE OFFICE STAFF WHO'S WHO" PROVIDES YOU WITH BRIEF JOB DESCRIPTIONS FOR ALL STATE WIC STAFF TO ENABLE YOU TO ADDRESS QUESTIONS AND REQUESTS TO THE APPROPRIATE STATE STAFF MEMBER.

THIS LISTING IS UPDATED ON A REGULAR BASIS AND SENT DIRECTLY TO YOU.

LOCAL AGENCY RELATIONSHIP WITH STATE AGENCY

THE STATE WIC OFFICE CONTRACTS WITH LOCAL AGENCIES TO RUN LOCAL WIC PROGRAMS.

THE LOCAL AGENCY IS RESPONSIBLE FOR ENSURING THAT THE LOCAL WIC PROGRAM IS WELL-MANAGED.

Your WIC Program may be located in a hospital, health center, community action agency or other non-profit health or human service agency.

To effectively manage the WIC program, your host agency must be able to comply with all the fiscal and operational requirements of running a WIC Program as prescribed by the state WIC office, including:

- having a competent professional authority on staff
- Making appropriate health services available to participants and/or informing them of other health and social services available
- Providing the state WIC office with all required information regarding fiscal and program administration
- Maintaining complete, accurate, documented and current accounting of all program funds received and expended.

LOCAL AGENCY RELATIONSHIP WITH LOCAL PROGRAM

YOUR LOCAL WIC PROGRAM IS AN ADMINISTRATIVE UNIT OF YOUR LOCAL AGENCY.

THE STATE WIC OFFICE DOES NOT ADMINISTER LOCAL WIC PROGRAMS.

The local agency runs the local WIC program, hires WIC staff, and provides ongoing administrative support. Both the local agency and the local program receive ongoing guidance, technical assistance and training from the state WIC office so that all Massachusetts WIC participants receive comparable, consistent, and high quality care.

The local agency is responsible for ensuring that the local program:

- has the ability to perform certification procedures
- provides nutrition education services to participants
- operates the food delivery system as prescribed by the state WIC office
- maintains on file all criteria used for certification and has them available for review, audit or evaluation
- keeps the skills and knowledge of its staff current by requiring attendance at state-sponsored meetings, new staff trainings and inservices.
- has a Competent Professional Authority on staff
- keeps the focus of program operations on participant need
- maximizes the time devoted to participant certification and education
- designs all program activities to best serve participants.

Your local agency is required to designate an administrative person responsible for the WIC program. Generally this person is the direct supervisor of the local WIC program director and works with her/him to integrate the WIC program into local agency operations.

LOCAL PROGRAM RELATIONSHIP TO ITS COMMUNITY

MAKE EVERY EFFORT TO BECOME AN INTRINSIC PART OF THE COMMUNITY YOU SERVE.

ESTABLISHING COMMUNITY RELATIONSHIPS

- Provide your community with notices about WIC eligibility and availability.
- Identify and provide services to your community's WIC-eligible population.
- Create referral/outreach networks with other agencies.
- Participate in major community meetings, health fairs, community events, etc.
- Establish strong relationships with health care providers in your community.

OUTREACH

OUTREACH IS THE WAY IN WHICH YOU EDUCATE YOUR COMMUNITY ABOUT THE WIC PROGRAM.

TARGET YOUR OUTREACH EFFORTS TO IDENTIFY HIGH RISK WOMEN, INFANTS, AND CHILDREN WHO MIGHT BE ELIGIBLE FOR THE WIC PROGRAM, ESPECIALLY PRENATAL WOMEN IN THEIR FIRST TRIMESTER.

Effective outreach ensures that as many people as possible know about the WIC Program and the kinds of services that the WIC Program offers.

There is no one single way to conduct outreach in your community. Use your knowledge of the area to determine the most effective means of reaching as many people as possible. Some possibilities:

- Send WIC information pamphlets and medical referral forms to a variety of agencies throughout your catchment area, especially physicians and agencies serving WIC-eligible populations.
- Invite representatives from different agencies and services to a WIC "open house" where you give a presentation on the WIC Program. Use the slide show produced by the state WIC office to explain WIC eligibility and benefits.
- Send a newsletter to agencies throughout your catchment area, providing updates on the status of your local WIC program.
- Discuss WIC on a radio program or place a PSA on a radio or TV station
- Write an article on WIC for another human service agency's newsletter, or make a presentation at their inservice or staff meeting
- Show the WIC slide show to church groups
- Participate in health fairs
- Follow any written correspondence with a phone call or a visit, making personal contact with key people working for other agencies, services or programs, such as:
  - -- Hospital prenatal clinics, maternity wards, social service departments, pregnancy and/or childbirth classes, teen pregnancy classes, failure-to-thrive clinics and well-baby clinics
  - -- MDs, especially OB/GYN and pediatric physicians

-- MCH nurses and nutritionists, EFNEP
-- Healthy Start, Project Good Start, Project Good Health
-- Food Stamp, AFDC and Medicaid offices
-- Community health centers/clinics/HMOs
-- Local DPW and DSS offices
-- Women's health care organizations, family planning clinics
-- Healthy Mothers/Healthy Babies Coalition
-- Social service agencies, CAP agencies
-- Regional and local prenatal/perinatal coalitions
-- Teen drop-in centers, teen clubs, high schools
-- Agencies serving ethnic groups
-- Community centers, service organizations
-- Churches and other religious organizations
-- Employment agencies, unemployment offices, social security offices
-- Food pantries, community soup kitchens, emergency shelters
-- Surplus food distribution centers
-- Drug and alcohol treatment centers, halfway houses
-- Day care centers, Head Start
-- Lead poisoning prevention programs
-- Nurse practitioners, nurse midwives
-- Public Housing Authorities
-- Public Health nurses, Visiting Nurse Associations
-- City Hall
-- Local Office for Children
-- Women's Centers
-- Schools, adult education centers
-- The Salvation Army

The following materials are available from the state WIC office to assist you with outreach:

- Several brochures and pamphlets with basic information about the WIC Program
- Posters for placement in WIC vendors' store windows.
- A 20-minute slideshow for potential referrent agencies.
- An 11 x 17 poster outlining program benefits, with a space for the local program name, telephone number and address.
- "Tell a Friend About WIC" handouts for current participants.

The statewide toll-free telephone hotline is staffed from 8:00 a.m. to 5:00 p.m. Monday through Friday for citizens, WIC participants and potential WIC participants to call for information on eligibility and local program information. Make sure that all outreach materials you produce have the hotline number on them.

RELATIONSHIPS WITH HEALTH CARE PROVIDERS

DEVELOP STRONG RELATIONSHIPS BETWEEN YOUR PROGRAM AND LOCAL HEALTH CARE PROVIDERS.

Nutrition Education

WIC participant's eating and feeding decisions are greatly influenced by their health care providers. To successfully promote optimal nutrition habits among participants, make every effort to integrate education efforts with those of the participants' physicians and nurses. Coordinating nutrition education efforts with health care providers reinforces the information each provides to participants and ensures that women receive education and support as often as possible, especially at crucial growth periods for themselves and their children.

- Inform health care providers about the role WIC plays in providing nutrition education to pregnant and breastfeeding women, infants and children

- Encourage providers to use WIC as a resource for nutrition education and provide them with current, accurate nutrition information

Referrals

Developing strong relationships with health care providers helps to ensure referrals to your program. Especially stress the importance of referring prenatal women early in their pregnancy.

See the BREASTFEEDING PROMOTION AND SUPPORT section of this Procedure Manual for information on helping providers to support breastfeeding.

CIVIL RIGHTS

THE WIC PROGRAM IS AN EQUAL OPPORTUNITY PROGRAM. PROVIDE WIC BENEFITS TO PARTICIPANTS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP.

NOTIFY APPLICANTS AND PARTICIPANTS THAT WIC IS AN EQUAL-OPPORTUNITY PROGRAM BY:

- DISPLAYING THE "...AND JUSTICE FOR ALL" POSTER AT ALL WIC SITES.
- INCLUDING THE CIVIL RIGHTS STATEMENT ON ALL PRINTED MATERIALS PRODUCED FOR MASS DISTRIBUTION WHICH CONTAIN INFORMATION REGARDING PARTICIPATION REQUIREMENTS, PROGRAM BENEFITS, ELIGIBILITY OR PUBLIC NOTIFICATION.

You are responsible for ensuring that your program does not discriminate against applicants or participants because of their race, color, national origin, age, sex, or handicap. Use the following checklist to ensure that participants are treated in a non-discriminatory manner:

1) Include the USDA non-discrimination clause (civil rights statement) on all printed materials containing information about WIC benefits and eligibility which you distribute to applicants and participants.

2) Display the "...And Justice for All" poster prominently at all WIC sites.

3) Serve applicants according to WIC Program regulations on a first-come, first-served basis, if you do not have a waiting list. Determine if the system your program uses is adversely affecting minority participation.

4) Provide/read the Rights and Responsibilities form to participants in their native language.

5) Make reasonable efforts to provide bilingual/bicultural WIC services and materials to applicants and participants who cannot communicate in English.

6) Extend outreach efforts to include minority groups.

7) Make sure each participant input form is coded by racial/ethnic group as required by Federal regulation. Keep this information on file for 7 years.

8) Make sure that your program's participation reflects the ethnic/racial composition of your catchment area.

9) Make sure that your program staff reflects the ethnic/racial composition of your catchment area.

10) Provide civil rights training for your staff. Consult the state WIC office for technical assistance.

11) Inform applicants and participants of their right to file a civil rights complaint. They may direct complaints of discrimination to:

Secretary of Agriculture
Washington, DC 20250

OR

Director, Civil Rights Division
USDA/Food and Nutrition Service
Alexandria, VA 22302

and send a copy of their letter to the state WIC office.

CIVIL RIGHTS STATEMENT

This is the standard civil rights statement:

> This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Include the civil rights statement on:

- vendor posters
- fair hearing information
- letters for missed appointments
- notices of ineligibility or disqualification
- outreach materials
- referral materials
- letters of invitation to public hearings
- newsletters discussing program benefits

Do not include the civil rights statement on:

- nutrition education materials
- participant ID cards
- food lists
- policy publications

See the Originals Packet for camera-ready translations in Spanish, Cambodian, Vietnamese, Laotian, Portuguese, Chinese and French.

BARRIERS TO SERVICE

A LOCAL PROGRAM MUST IDENTIFY BARRIERS ENCOUNTERED BY THEIR COMMUNITY WHICH COULD INTERFERE WITH ACCESSIBILITY TO THE WIC PROGRAM, AND DEVELOP CREATIVE SOLUTIONS TO EFFECTIVELY ALLEVIATE THEM.

The chart below outlines some barriers to service and possible solutions.

POTENTIAL BARRIER	SOLUTION OPTIONS
Physical or visual impairment	o proxies o telephone calls o sign-language interpreters o mailing vouchers o home visits o networking with groups providing services to this population
Language difficulty	o bilingual/bicultural staff o translated materials o interpreters o networking with groups providing services to ethnic populations
Transportation problem	o proxies o mailing vouchers o networking with groups providing transportation services to elderly and handicapped populations
Homelessness	o use address of shelter, friend, or WIC program o self-declaration of income o special food packages for homeless persons

SITES

PROVIDE REASONABLE ACCESS TO THE WIC PROGRAM FOR PEOPLE WHO LIVE IN YOUR CATCHMENT AREA.

PROVIDE SERVICES TO ANY AND ALL ELIGIBLE PARTICIPANTS WHO WISH TO RECEIVE SERVICES AT A PARTICULAR SITE.

MAKE AT LEAST ONE OF YOUR SITES WHEELCHAIR ACCESSIBLE.

OBTAIN APPROVAL FROM THE STATE WIC OFFICE BEFORE OPENING A SITE.

You are responsible for providing adequate coverage of your catchment area. You may need more than one site in order to provide reasonable access to WIC services for people in your catchment area.

REASONABLE ACCESS

Try to make sites accessible to everyone interested in applying to your program. At least one site must be wheelchair accessible; evaluate all your program sites annually with regard to handicap accessibility and requirements.

Program sites can be:

- for all WIC services
- for certification appointments only
- for voucher distribution only
- in more than one area of a city/town
- in more than one city/town in a catchment area
- permanent (where each site has its own records, vouchers, and staff)
- impermanent (where WIC staff bring records and vouchers each time the site is open)
- full-time (open 4-5 days a week)
- part-time (open anywhere from 3 days a week to once a month)

EVALUATING THE NEED FOR SITES

Decide whether to open a new site based upon:

1. Determination of Need

   * Your perceived participant need for alternative site locations
   * Your access to your highest risk participants
   * The adequacy of the space available at each site
   * The adequacy of public transportation services to existing sites.

2. Feasibility

   * The type of agencies in your community that would be available to host a WIC site
   * The support and cooperation of the host agency's administration
   * The availablity of your WIC staff to administer multiple sites
   * The availability of funds to cover the cost of running a site

SITE APPROVAL

In order to obtain approval from the state WIC office to open a site:

1. Consider the factors outlined above.
2. Find an appropriate site location.
3. Submit a completed "Site Approval Request Form" to the state WIC office at least 2 months prior to when you anticipate opening the site. See the Originals Packet for a copy of this form.
4. Obtain written approval from the state WIC office to open the site.

EXTENDING EXISTING SITE SERVICES

If it is unfeasible to open a new site and/or the state agency has refused your request, consider extending hours and/or services at an existing site to resolve problems concerning space, staff, etc.

HANDICAP ACCESS

Section 504 of the Rehabilitation Act of 1973 mandates that all programs receiving funds from USDA's Food and Nutrition Service ensure that handicapped persons have an equal opportunity to participate in FNS programs. This means you need to make your program accessible, not necessarily your buildings, especially where this would impose undue hardship on program operations. The regulations allow you to adopt the least costly methods of achieving compliance where existing facilities are inaccessible, and encourage you to explore alternative means of program accessibility.

Your WIC contract contains a statement that your program will be operated in compliance with this requirement, and each program is required to complete a "Self Evaluation Guide for Compliance with Section 504 of the Rehabilitation Act of 1973".

Modifications you can make for handicapped persons include:

- rearranging files or shelves and widening access areas for easier accessibility to wheelchair occupants
- networking with groups providing transportation to the handicapped
- building ramps, wider doorways, and handrails
- mailing vouchers
- using Brailled and taped material, interpreters, and other aids for people with impaired hearing or vision.

Evaluate all your program sites annually with regard to handicap accessibility and requirements. To determine if your program discriminates against the handicapped, ask yourself these questions which are included in the "Self Evaluation Guide for Compliance with Section 504 of the Rehabilitation Act of 1973":

- Are there any policies, practices or architectural barriers which limit or deny participation or employment because of handicap?
- Are there any policies or practices which result in different treatment of participants, applicants or employees according to handicap?
- Are there any policies or practices which subject participants, applicants or employees to different conditions or requirements?
- If your program employs 15 or more people, do you have a coordinator designated to carry out Section 504 requirements?
- If your program employs 15 or more people, do you have established grievance procedures incorporating appropriate due process standards and providing for the prompt and equitable resolution of complaints?

- Do you take steps to notify employees, applicants/participants and unions and professional organizations holding agreements with your program that your agency does not discriminate on the basis of handicap?

- Do all your forms, publications and recruitment materials which inform the public of program benefits and employment opportunities contain the assurance that your agency does not discriminate on the basis of handicap?

- Does your agency ensure that remedial or corrective action is taken when noncompliance has occurred?

STAFF

YOUR PROGRAM IS RESPONSIBLE FOR HIRING ITS OWN STAFF, WITH TECHNICAL ASSISTANCE PROVIDED BY THE STATE WIC OFFICE.

STAFFING PATTERNS

EACH LOCAL PROGRAM DESIGNS ITS OWN STAFFING PATTERN. DESIGN A STAFFING PATTERN THAT ENSURES THE HIGHEST QUALITY OF SERVICE TO YOUR WIC PARTICIPANTS.

HAVE AT LEAST ONE "COMPETENT PROFESSIONAL AUTHORITY" TO PROVIDE NUTRITION SERVICES.

HAVE YOUR STAFFING PATTERN APPROVED BY THE STATE WIC OFFICE.

Since WIC combines nutrition services with food delivery services, your staff must be able to respond to both nutrition and administrative service needs. You must have a program director, a senior nutritionist to provide leadership in nutrition services, and competent administrative personnel.

Make sure that your staff reflects the racial/ethnic composition of your catchment area. You should have both nutrition and administrative staff who are fluent in the languages used by your participants.

If your program primarily serves rural areas, staff should be at the approximate ratio of 1 FTE staff person to 200-240 participants; if primarily serving urban areas, the ratio should be at 1 to 240-275.

A suggested staffing pattern for a caseload of 2000 participants is:

1	FTE Program Director or Nutritionist/Director
1	FTE Senior Nutritionist
1	FTE Program Nutritionist
2.5	FTE Nutrition Assistants
2.5	FTE Program Assistants

This pattern is suggested to allow at least 1 professional nutritionist (senior nutritionist and program nutritionists) per 1000 participants and at least 1 FTE nutrition staff (senior nutritionist, program nutritionist, and CPA or CPA-eligible nutrition assistant) per 400-450 participants for purposes of certification.

APPROVAL

If you wish to change your staffing pattern, send a written request to the Assistant Director for Program and Nutrition at the state agency. All requests must be approved by the state agency.

JOB DESCRIPTIONS AND FUNCTIONS

THE JOB RESPONSIBILITIES AND QUALIFICATIONS FOR ALL WIC POSITIONS ARE LISTED BELOW.

YOU MAY CHOOSE TO HIRE SOMEONE WITH LESS THAN THE STATED JOB QUALIFICATIONS IF THE CANDIDATE HAS DEMONSTRATED OUTSTANDING COMPETENCE IN THE ASSIGNED AREAS OF JOB RESPONSIBILITY.

TO HIRE SOMEONE NOT MEETING THE STATED JOB QUALIFICATIONS, OBTAIN PRIOR APPROVAL FROM THE STATE WIC OFFICE.

APPLICANTS FOR SENIOR NUTRITIONIST MUST BE APPROVED BY THE STATE WIC OFFICE.

See the following pages for complete job descriptions for all WIC positions. For recommended salary for each position, please refer to the latest WIC Program salary study and accompanying memo.

APPROVAL

All new hires for senior nutritionist positions must be approved by the state office. When you receive approval to hire a new senior nutritionist (by phone or in writing), send a copy of her/his resume for the state office files.

The Senior Nutritionist is responsible for hiring program nutritionists, who must meet the qualifications outlined in the JOB DESCRIPTIONS AND FUNCTIONS section of this Procedure Manual. Send a copy of the new nutritionist's resume to the State Nutrition Coordinator for the state agency files.

NUTRITIONIST/DIRECTOR

Responsible for the overall management of the program, combining the administrative and nutrition components.

Responsibilities

1. Plans and evaluates program operations.
2. Manages the fiscal and personnel components of the program.
3. Supervises the food delivery system, including overall management of the voucher system and vendor selection, training and monitoring.
4. Assists in the planning of nutrition services; assists in nutrition activities in conjunction with the Senior Nutritionist.
5. Acts as liaison with the sponsoring agency and with administrative and fiscal staff at the state WIC office.
6. Acts as liaison between the program and the community in conjunction with the Nutritionist.
7. Develops linkage with health care providers and community agencies for outreach and referral.
8. Develops and coordinates high risk outreach plan for area needs.
9. Supervises distribution of, accountability for, and reconciliation of Farmers' Market coupons.
10. Attends state agency business meetings.
11. Conducts regular staff meetings.
12. Conducts annual staff reviews. For nutrition staff, conducts staff reviews in conjunction with Senior Nutritionist.

Qualifications

1. One year's experience in program delivery or administration, supervisory experience required.
2. Bachelor's degree in Nutrition, Food and Nutrition, or Home Economics; Master's degree preferred, may be substituted for work experience; R.D. desirable.
3. Demonstrated leadership and decision making capabilities.
4. Sensitivity to the needs of the client population.
5. Interest and expertise in maternal and child health.
6. Ability to articulate program goals and policies to participants, health providers, community agencies and vendors.
7. Ability to work well with management information systems.

PROGRAM DIRECTOR

Responsible for the overall management of the program.

Responsibilities

1. Plans and evaluates program operations.
2. Manages the fiscal and personnel components of the program
3. Supervises the food delivery system, including overall management of the voucher system and vendor selection, training and monitoring.
4. Acts as liaison with the sponsoring agency and with administrative and fiscal staff at the state WIC office.
5. Acts as liaison between the local WIC program and the community, in conjunction with the Nutritionist.
6. Develops linkage with health care providers and community agencies for outreach and referral.
7. Develops and coordinates high risk outreach plan for area needs.
8. Supervises distribution of, accountability for, and reconcilation of Farmers' Market coupons.
9. Attends state agency business meetings.
10. Conducts regular staff meetings.
11. Conducts annual staff reviews. For nutrition staff, conducts staff reviews in conjunction with Senior Nutritionist.

Qualifications

1. One year's experience in program administration; supervisory experience required.
2. Bachelor's degree; may substitute Master's degree in relevant field for work experience.
3. Demonstrated leadership and decision-making capabilities.
4. Sensitivity to the needs of the client population.
5. Interest in nutrition and in maternal and child health.
6. Ability to articulate program goals and policies to participants, health care providers, community agencies and vendors.
7. Ability to work well with management information systems

SENIOR NUTRITIONIST

Responsible for the administration of the clinical and health care aspects of the program under the supervision of the Program Director or Nutritionist/Director.

Responsibilities

1. Supervises delivery of nutrition services including: certification, assessment, care plans and nutrition education.
2. Develops nutrition policy for the local program based on state WIC guidelines and recommendations.
3. Supervises nutrition staff and provides for nutrition staff training, in-services, and performance evaluations.
4. Conducts quality assurance review of program records, group education, and individual counseling.
5. Develops Nutrition Education Action Plan appropriate to participant needs, and conducts evaluation of nutrition activities.
6. Develops linkage with health care providers and community agencies for outreach and referral.
7. Provides nutrition assessment and certification, counseling, nutrition education and referrals for WIC participants.
8. Establishes schedules for secondary nutrition education contacts (individual and group) and assists in scheduling certification appointments.
9. Assists in hiring nutrition staff.
10. Oversees nutrition education provided in conjunction with distribution of Farmers' Market coupons.
11. Assists in program administration as necessary.
12. Acts as liaison between state agency and local program on nutrition issues.
13. Attends state agency business meetings.
14. Conducts annual nutrition staff reviews with Program Director.

Qualifications

1. Master's degree in public health nutrition, nutrition, nutrition education, with one year of community nutrition experience; with one year of community nutrition experience OR Bachelor's degree with two years of community nutrition experience.
2. Experience in program planning and administration.
3. Leadership and decision-making skills.
4. Excellent communication skills.
5. At least 1 year experience in counseling.
6. Sensitivity to the needs of the client population.

PROGRAM NUTRITIONIST

Provides routing nutrition care to high risk participants under the supervision of the Senior Nutritionist.

Responsibilities

1. Performs nutrition assessment and certification, counseling, nutrition education and referrals for WIC applicants and participants.
2. Assists in developing educational materials and planning and may be responsible for demonstrations, audio-visual presentations or other educational activities with participants.
3. Collects anthropometric and hematological data.
4. Assists in training paraprofessional WIC staff, agency staff and health care providers.
5. Participates in quality assurance activities.
6. Provides follow-up nutrition education to high-risk participants.
7. Participates in nutrition inservices and in policy-making staff meetings.
8. Participates in outreach activities for high-risk populations.
9. Communicates with health care community on issues pertaining to participant needs.
10. Performs other duties as required.

Qualifications

1. Bachelor's degree in public health nutrition, nutrition, food and nutrition, or home economics; Master's degree preferred, may be substituted for work experience.
2. One year's experience in clinical or commmunity nutrition.
3. Demonstrated leadership and decision-making capabilities.
4. Good communications skills.
5. Sensitivity to the needs of the client population.

SITE COORDINATOR/NUTRITIONIST

Responsible for the overall management of the site.

Responsibilities

1. Supervises the delivery of nutrition services at the site, including certification, assessment, care plans and nutrition education.
2. Monitors the scheduling of appointments for certification and voucher distribution.
3. Monitors the collection and submission of participant and voucher information to the computer.
4. Supervises the collection and delivery of payroll sheets to the main office.
5. Assists in planning and evaluating program operations.
6. Assists in managing the fiscal and personnel components of the program.
7. Assists in hiring program and nutrition staff for the site.
8. Assists in training paraprofessional staff at the site.
9. Assists Program Director in educating and monitoring WIC vendors.
10. Acts as liaison between WIC site and the central WIC office.
11. Acts as liaison between the WIC site and the community and develops linkage with health care providers in the community.
12. Performs nutrition assessment and certification counseling, nutrition education and referrals for WIC participants.
13. Assists in developing nutrition policy for local programs based on state WIC guidelines and recommendations.
14. Assists in developing educational materials and planning educational activities for participants.
15. Performs other duties as required.

Qualifications

1. One year's experience in administration, supervision and counseling.
2. Bachelor's degree in nutrition or public health nutrition is highly recommended.
3. Demonstrated decision-making capabilities.
4. Sensitivity to the needs of the client population.
5. Interest in nutrition and in maternal and child health.
6. Ability to articulate program goals and policies to participants, health care providers, community agencies and vendors.
7. Ability to work well with management information systems
8. Good communication skills.

SITE COORDINATOR

Responsible for the overall management of the site.

Responsibilities

1. Supervises the delivery of nutrition services at the site, including certification, assessment, care plans and nutrition education.
2. Monitors the scheduling of appointments for certification and voucher distribution.
3. Monitors the collection and submission of participant and voucher information to the computer.
4. Supervises the collection and delivery of payroll sheets to the main office.
5. Assists in planning and evaluating program operations.
6. Assists in managing the fiscal and personnel components of the program.
7. Assists in hiring program and nutrition staff for the site.
8. Assists in training paraprofessional staff at the site.
9. Assists Program Director in educating and monitoring WIC vendors.
10. Acts as liaison between WIC site and the central WIC office.
11. Acts as liaison between the WIC site and the community and develops linkage with health care providers in the community.
12. Performs other duties as required.

Qualifications

1. One year's experience in administration and supervision.
2. Bachelor's degree highly recommended.
3. Demonstrated decision-making capabilities.
4. Sensitivity to the needs of the client population.
5. Interest in nutrition and in maternal and child health.
6. Ability to articulate program goals and policies to participants, health care providers, community agencies and vendors.
7. Ability to work well with management information systems
8. Good communication skills.

NUTRITION ASSISTANT

Provides routine nutrition care to WIC participants under the supervision of the Senior Nutritionist.

Responsibilities

1. Performs nutrition assessment and certification, counseling, nutrition education and referrals for low-risk participants (upon approval of CPA status).
2. Follows selected cases as determined by the Nutritionist.
3. Participates in nutrition in-services and in policy-making staff meetings.
4. Assists in development of educational materials and may be responsible for demonstrations, audio-visual presentations or other educational activities with participants.
5. Performs hematological tests and takes anthropometric measurements on participants.
6. Collects and enters data into the computer as needed.
7. Provides and documents low-risk secondary nutrition education contacts.
8. Distributes vouchers and assists in routine office work.
9. Performs other duties as required.

Qualifications

1. One year's experience in health care field.
2. High school diploma or G.E.D.
3. Interest in nutrition or health care.
4. Good communications skills.
5. Sensitivity to the needs of the client population.

NUTRITION ASSISTANT - SPECIAL TARGET POPULATIONS (STP) PROJECT

Provides routine nutrition care to WIC participants under the supervision of the Senior Nutritionist.

Responsibilities

1. Performs nutrition assessment and certification, counseling, nutrition education and referrals for low-risk participants (upon approval of CPA status).
2. Follows selected cases as determined by the Nutritionist.
3. Participates in nutrition in-services and in policy-making staff meetings.
4. Assists in development of educational materials and may be responsible for demonstrations, audio-visual presentations or other educational activities with participants.
5. Performs hematological tests and takes anthropometric measurements on participants.
6. Provides follow-up nutritional care to STP participants.
7. Distributes and explains use of vouchers, as needed.
8. Collects and enters data into the computer as needed.
9. Performs outreach to potential STP eligibles.
10. Provides and documents low-risk secondary nutrition education contacts.
11. Assists in routine office work and performs other duties as needed.

Qualifications

1. Bilingual and bicultural skills and orientation to meet the specific needs of STP participants.
2. One year's experience in health care field.
3. High school diploma or G.E.D.
4. Interest in nutrition or health care.
5. Good communications skills.
6. Sensitivity to the needs of the client population.

PROGRAM ASSISTANT

Ensures that the voucher system operates smoothly, and maintains an appointment system for scheduling voucher pick-ups and repeat certifications under the supervision of the Program Director or Nutritionist/Director.

Responsibilities

1. Distributes and explains vouchers to participants on a bi-monthly/monthly basis.
2. Collects and enters data into the computer for the purpose of producing bi-monthly/monthly vouchers and management information reports.
3. Assures that all participants receiving vouchers are in compliance with program rules.
4. Assists Program Director or Nutritionist/Director in educating and monitoring of WIC vendors.
5. Operates an appointment system for scheduling voucher pick-up appointments and certifications.
6. Performs anthropometric measurements and blood tests for participants as needed.
7. Maintains manual voucher system.
8. Screens for residency and income eligibility for certifications.
9. Prepares participants records for nutrition appointments.
10. Answers telephone.
11. Performs other duties as required.

Qualifications

1. One year's general office experience; statistical or data processing work preferred.
2. High school diploma or G.E.D.
3. Well-organized, systematic approach to work.
4. Good communications skills.
5. Sensitivity to the needs of the client population.

THE COMPETENT PROFESSIONAL AUTHORITY

A COMPETENT PROFESSIONAL AUTHORITY DETERMINES NUTRITIONAL RISK, ASSIGNS FOOD PACKAGES, AND COUNSELS PARTICIPANTS.

In Massachusetts, a WIC nutritionist who meets the qualifications outlined in the JOB DESCRIPTIONS AND FUNCTIONS section of this Procedure Manual is automatically considered a CPA. A nutrition paraprofessional must be authorized by the state WIC office before s/he can become a CPA. There are two levels of paraprofessional CPA status:

- Level I CPA status qualifies a paraprofessional to certify low-risk children only.

- Level II CPA Status qualifies a paraprofessional to certify all categories of low-risk participants.

Paraprofessionals who are performing certifications in training for CPA authorization must have a Senior or Program nutritionist countersign the record before the client is certified and leaves the WIC office. The nutritionist should review the record for accuracy and completeness of certification, counseling/education provided, and food package assigned.

TO AUTHORIZE A PARAPROFESSIONAL TO BECOME A CPA LEVEL I OR II

1. The Senior Nutritionist fills out a CPA Level I or Level II Approval Form and sends it to the state office. This form is an evaluation of the paraprofessional's skills in the following areas:

   - o basic knowledge of nutrition
   - o anthropometric assessment
   - o biochemical assessment
   - o nutrition/dietary assessment
   - o counseling skills
   - o certification procedures

   Paraprofessionals may apply for CPA status when they reach 100% competency in all areas listed above.

2. Each paraprofessional participates in a New Staff Training and one state-sponsored inservice.

3. After the state office approves the request for authorization, a copy of the CPA Approval Form is returned to the local program. This copy is kept on file at the local program.

4. Each CPA paraprofessional is required to complete 10 hours of continuing education credit per year beginning with the date of CPA approval. Education credits for each CPA are documented by the Senior Nutritionist.

See the Originals Packet for a copy of the CPA Approval Form.

STAFF TRAINING

STAFF TRAINING ENABLES LOCAL PROGRAM STAFF TO PROVIDE HIGH-QUALITY SERVICES TO WIC PARTICIPANTS.

RESPONSIBILITY FOR STAFF TRAINING IS SHARED BETWEEN THE STATE AGENCY AND THE LOCAL WIC PROGRAM.

In order to provide high-quality nutrition services to WIC participants, WIC staff must acquire and maintain up-to-date knowledge and skills.

STATE AGENCY RESPONSIBILITIES

The state agency is responsible for:

1. Producing materials for orienting new local program staff
2. Conducting new staff trainings
3. Providing ongoing training through inservices for all local program staff
4. Providing information on training resources and methods.

LOCAL PROGRAM RESPONSIBILITIES

The local program is responsible for:

1. Orienting new staff using materials provided by the state agency
2. Providing on-the-job training for all staff
3. Ensuring staff attendance at state training
4. Providing opportunities for nutrition staff to obtain 10 continuing education credits.
5. Assisting staff to integrate knowledge/skills from staff trainings into their daily work
6. Providing on-site supervision for all staff.

ORIENTING NEW STAFF

Use the materials listed below to help you orient your new staff.

For all new staff:

1. Questions and Answers About WIC
2. Order Form for WIC materials
3. Originals Packet of WIC forms and form letters
4. State Plan, especially Procedure Manual for local programs
5. Who's Who in the State WIC Office
6. Program List
7. Quarterly calendar for upcoming quarter
8. Food package information, including:
   - Food Package Tables
   - Manual Voucher Packages
   - Description of Tailored Food Packages
   - Formulas Available From the Massachusetts WIC Program (nutritional information)
   - Special Prescription Formula Packages (voucher messages)
   - Voucher Types (numerical listing)

For new nutritionists and nutrition assistants:

- Instruction Guides for Assessment and Certification of:
  - o Pregnant Women
  - o Infants
  - o Children
  - o Postpartum and Lactating Women
- Nutritional Risk Criteria
- Guidelines for Providing Breastfeeding Support in Local WIC Programs
  - o Phone
  - o Individual
  - o Group
- Formula Intolerance Checklist
- Prenatal Nutrition: A Clinical Manual
- Training Modules for Nutrition Paraprofessionals
  - o Children on the Bottle
  - o Iron Deficiency
  - o Lead Poisoning and Prevention
  - o Overweight Kids
  - o Calcium: The Hard Facts
- Pediatric Vitamin/Mineral Supplements
- Prenatal Vitamin and Mineral Supplements
- E.M.P.O.W.E.R. Manual
- MCH Infant Feeding Policy
- Resource Library Acquisition List

For new program directors and program assistants:

- Voucher System Manual (Part V.A of the Procedure Manual)

Many of these materials you will have on hand. If you need additional copies, order them directly from the state office.

TRAINING NEW NUTRITION STAFF

Nutrition Professionals

Have the new staff person:

- Review all pertinent training/resource materials (see above).
- Attend a state New Staff Training.
- Observe local nutrition staff on several occasions.
- Role-play nutrition interviews with experienced staff to develop counseling skills.

Nutrition Paraprofessionals

Have the new staff person:

- Review all pertinent training/resource materials (see above).
- Attend a state New Staff Training.
- Observe local nutrition staff on several occasions.
- Role-play nutrition interviews with experienced staff to develop counseling skills.

Have the Senior or Program nutritionist:

- Provide basic orientation to the WIC Program.
- Train the paraprofessional in all steps necessary to certify low-risk children, including:
  - assessing anthropometric, hematological and other medical data
  - collecting and assessing dietary information
  - providing client-centered nutrition education
  - documenting information correctly in the SOAP note format

- Evaluate the paraprofessional's assessment/counseling skills using a Counseling Evaluation Guide, and provide feedback and additional training as necessary.

- Observe the paraprofessional on a regular basis to assess the progress of her/his counseling/certification skills and to ensure accuracy of nutrition information.

- Recommend CPA I candidacy when appropriate, evaluating each paraprofessional on a case-by-case basis.

- Train the paraprofessional in all steps necessary to certify low-risk women and infants, following the format for training CPA I's.

- Recommend CPA II candidacy when appropriate, evaluating each paraprofessional on a case-by-case basis.

TIME STUDY

ALL WIC PROGRAMS MUST CONDUCT A TIME STUDY EACH YEAR.

COMPLETE THE TIME STUDY OVER A TWO-WEEK PERIOD IN SEPTEMBER.

HAVE EACH STAFF MEMBER COMPLETE ONE SHEET FOR EACH OF THE TWO WEEKS, PLUS ONE SUMMARY SHEET.

Use the annual time study to determine how much time your staff is spending on the various program activities described below. The state office uses this information to meet federal audit, reporting and funding requirements. In addition, this information is used to determine:

- how local staff time is actually spent in the areas of administration, certification, nutrition education/breastfeeding promotion, vendor system and voucher system, and

- whether Massachusetts WIC spends at least one-sixth of its administrative dollars on nutrition education as required by Federal regulations

- whether we are meeting our target allocation for breastfeeding promotion.

This study is NOT a tool for monitoring. You are not being judged for efficiency or competency. You are solely recording the way you spend your time.

Conduct the time study for two full weeks (10 working days) during September. Pick two weeks that reflect a typical clinic schedule of activities (i.e., no staff are on vacation, you're not moving sites, etc.) Select weeks having a normal number of certification and education appointments scheduled and a minimal amount of time scheduled for voucher pick-up only. Make sure time studies are completed by all staff who are working.

COMPLETING THE TIME SHEETS

WEEK 1

1. Complete the header information. Circle "Week 1" at the top of the sheet.

2. Each day in the appropriate column (Day 1, Day 2, etc.) fill in the approximate number of hours spent at each task. Round off the number to the nearest quarter hour, as follows:

   - one quarter-hour = 15 minutes
   - one half-hour = 30 minutes
   - three quarters of an hour = 45 minutes
   - one hour = 60 minutes

   If you do a job which is not similar to any listed, write it beside "Other" at the bottom of the appropriate section.

   At the end of the day, add up the number of hours in the column for that day, on all three pages; this should equal the number of hours you worked that day.

3. At the end of the week, add across each row to get the total hours spent on each task during the week (TOTAL THIS WEEK).

4. Add up the figures in the TOTAL THIS WEEK column to get total hours for:

   - ADMINISTRATION (A on page 1)
   - CERTIFICATION (B on page 1)
   - NUTRITION EDUCATION (C1 on page 2)
   - BREASTFEEDING PROMOTION (C2 on page 2)
   - VENDOR SYSTEM (D on page 3)
   - VOUCHER SYSTEM (E on page 3)

   On the bottom of page 3, fill in these totals and add them together. This number should equal the figure you get when you add your daily totals together.

WEEK 2

Do steps 1 through 4 for the second week. Add total hours from week 1 and week 2, and fill in where it says TOTAL HOURS THIS TIME STUDY.

DEFINITION OF ACTIVITIES

ADMINISTRATION

- Answering telephone: Triaging calls, providing information about WIC, recording requests for applications.

  Do not include time spent scheduling appointments.

- Writing letters: Preparing appointment, not eligible, end of certification period, no longer eligible, missed voucher pickup, waiting list, and missed appointment letters for participants and other administrative letters.

  Do not include vendor letters.

- Consulting with health care providers: Addressing problems areas with health care providers via phone calls, mailings, visits, meetings and inservices.

- Staff/agency/state meetings: Time spent in program, agency or state agency staff and business meetings. Include travel time.

  Do not include meetings specifically for nutrition education.

- Personnel issues: Completing time sheets, recording sick and vacation time, hiring and terminating staff, evaluation and followup.

- Fiscal issues: Preparing annual budget and monthly billing, closing out fiscal year.

- Outreach: Providing information about WIC to and encouraging referrals to WIC from health care providers, social service agencies, schools, etc.

- Developing informational/program materials: Time spent writing, editing, printing, copying, translating, ordering or reviewing materials. Phone calls and travel time to the store, etc.

  Do not include time spent on nutrition education materials.

- Supervision: Meeting with staff formally as a group or on a one-to-one basis. Problem solving.

CERTIFICATION

- Reviewing MRFs: Determining applicant's priority from information provided on the MRF.

- Setting up appointment book: Time spent blocking off times for new prenatals, WIC infants, etc.

CERTIFICATION (continued)

- Scheduling appointments: Time spent scheduling all appointments (certification, recertification and secondary contacts) whether by phone or mail or in person.

- Filing records: Filing and retrieving participant records.

- Preparing records: Completing information required on the Participant Data, certification and assessment forms.

  Do not include residency and income information here. See next item.

- Determining income and geographical eligibility: Verifying and documenting residency; dollar amount, frequency and source of income; household size.

- Drawing blood: Drawing and testing blood.

- Taking heights, weights: Weighing and measuring participants.

  Do not include plotting growth charts. See next item.

- Determining nutritional risk eligibility (including nutrition/diet assessment): Nutrition and diet assessment, plotting growth charts, reviewing hematological test results, determining the appropriate nutritional risk factor.

- Completing Rights and Responsibilities: Ensuring that participants read (or are read) and sign their Rights and Responsibilities statement. Witnessing and dating participants' signatures.

NUTRITION EDUCATION/BREASTFEEDING PROMOTION

For the purpose of this section, nutrition education is defined as all activities which help the participant understand the importance of nutrition for good health. Breastfeeding promotion includes all activities which inform, encourage, and support a woman's decision to breastfeed her baby. Each category is divided into "nutrition education" and "breastfeeding".

- Individual nutrition education: All education provided in a one-to-one counseling/education session, whether it is a certification or recert appointment, a follow-up contact, or a phone contact. Preparation and follow-up for the appointment.

  Do not include filling out forms, plotting growth charts, completing 24-hour recalls and food frequencies, checking income or completing forms. These are part of the CERTIFICATION section.

NUTRITION EDUCATION/BREASTFEEDING PROMOTION (continued)

- Group nutrition education: All education provided in a group setting, whether cert/recert or follow-up. Preparation and follow-up for the group.

- Nutrition education materials: Writing, editing, printing, copying, translating, ordering or reviewing materials. Phone calls and travel time to the store, etc. Note that this section in divided into "producing", "purchasing", and "evaluating" materials.

- Training nutrition educators: All staff training concerning nutrition education: paraprofessional training, conferences, staff meetings/ inservices, and agency or state meetings. All preparation, presentation and travel time.

- Monitoring nutrition education: Supervision, observation of individual and group counseling sessions, and reviewing SOAP notes.

- Developing Nutrition Education Action Plans (NEAPs): Preparing your annual Nutrition Education Action Plan. Include midyear progress report and final report, if applicable.

- Writing care plans: Summarizing care plans (SOAP) and writing in medical records.

VENDOR SYSTEM

- Performing site visits: Scheduling, conducting and writing up site visits.

- Training vendors and/or cashiers: Planning, scheduling and conducting vendor training, both annual and ad hoc.

- Sending warning letters: Writing and documenting warnings and follow-up letters.

- Explaining bounced vouchers: Explaining reasons for rejection and what to do with the rejected voucher(s).

- Participant and/or vendor problem-solving: Investigating, documenting and resolving vendor or participant complaints and other problems (not including warning letters; see above).

- Contracting or recontracting: Processing vendor applications and requests for applications. Visiting applicants as needed. Issuing and explaining acceptances and rejections. Distribution and collection of vendor stamps.

- Fair hearings: Preparation for, travel to and from, and attendance at fair hearings for vendors.

VOUCHER SYSTEM

- o Preparing MVs and MV inputs: All activities involved prior to issuing manual vouchers, including logging vouchers out of inventory and filling out inputs and vouchers.

- o Taking MV inventory: Monthly recording of manual vouchers on hand.

- o Reconciling MV log each month: Comparison of monthly inventory record with MV log and resolution of discrepancies.

- o Distributing vouchers: Actual issuance of vouchers to participants, including checking eligibility to receive vouchers and signing of MV input or voucher register. Voiding vouchers as needed.

- o Explaining vouchers: Training participants and proxies on how to use vouchers.

- o Entering participant data: Completing participant types 1 and 2 input (forms or diskettes). Batching and mailing.

- o Using participant updates/edits/rejects: Comparing participant input copies or data forms to these reports and solving input problems.

- o Using MV updates/edits/rejects: Comparing MV input copies to these reports, updating MV log for inputs accepted, and solving input problems.

- o Tracking cash errors, PNMF, etc.: Monthly review of accountability reports, problem-solving as necessary, completion and submission of reports.

- o Preparing vouchers (end of month): Receiving vouchers and reports, checking for discrepancies with transmittal records, preparing for voucher issuance (not including writing up MVs), and voiding vouchers which will not be distributed. Processing voucher register and other reports as needed.

COMPLETING THE SUMMARY SHEET

One person should complete the summary sheets; one for each week of the study. Be sure to calculate totals for each individual category, and write personnel in the same order on each week's sheet.

1. Complete the header information. Indicate whether this sheet is for Week 1 or Week 2.

2. Fill in the names of all staff who completed the study, and their FTE.

3. Fill in the totals for A, B, C1, C2, D and E for each person for that week.

4. Add A, B, C1, C2, D, and E to get the number of hours worked by each person.

5. Add up the TOTAL HOURS WORKED column to get the total number of hours worked by entire staff.

EQUIPMENT AND SERVICES

FOLLOW STANDARD PROCEDURES FOR PROCURING ALL EQUIPMENT AND SERVICES FOR YOUR LOCAL PROGRAM.

PURCHASING EQUIPMENT

You may request equipment or related items of equipment costing less than five hundred ($500) dollars through the local agency annual contract budget. If approved, purchase the item(s) at any time during the contract year, making sure the local agency retains documentation of the purchase and price.

Equipment not purchased through the contract process may be requested directly from the state agency. State agency staff assess the priority of your request and the availability of funds, and notify you of the decision. In this case, the equipment purchased is the property of the Commonwealth of Massachusetts, not your local agency.

PROCURING SERVICES

The procurement of services is generally negotiated during the annual contracting process. Any procurement of services not negotiated at this time must be reviewed and approved by the state agency, and all services over $10,000 must be competitively procured.

PC INSURANCE

As the state agency has no funds or backup equipment available for replacing personal computers, make sure your agency's insurance policy provides for immediate replacement of PC equipment that is damaged or stolen, or purchase a separate policy that provides for such replacement.

BLOODWORK LICENSURE AND PROCEDURES

WIC PROGRAMS NOT AFFILIATED WITH A HOSPITAL OR HEALTH CENTER MUST BE LICENSED AS A MOBILE BLOODWORK COLLECTION STATION.

FOLLOW THE "UNIVERSAL PRECAUTIONS" CAREFULLY WHEN DRAWING BLOOD.

LICENSURE

If your program is not affiliated with a hospital or health center, you must be licensed as a mobile blood collection station and operate under a license obtained by the Massachusetts WIC Program. Licensure inspection is performed at the discretion of the Division of Quality and Access, and training, monitoring and technical assistance are provided by the WIC Laboratory Director.

PROCEDURES

1. Follow the protocols for collecting, analyzing and disposing of blood as outlined in materials provided by the WIC Laboratory Director.

2. Conduct proficiency testing as directed by the Laboratory Director.

CONFIDENTIALITY

INFORMATION ABOUT WIC APPLICANTS/PARTICIPANTS GATHERED DURING THE APPLICATION AND CERTIFICATION PROCESS IS CONFIDENTIAL.

ONLY THE FOLLOWING MAY HAVE ACCESS TO PARTICIPANT INFORMATION:

- PERSONS DIRECTLY CONNECTED WITH THE ADMINISTRATION OF THE WIC PROGRAM
- PERSONS DESIGNATED BY THE STATE'S CHIEF HEALTH OFFICER, UNDER CERTAIN CONDITIONS
- PERSONS AUTHORIZED TO PERFORM AUDITS.

Information about WIC applicants and participants is confidential. This includes information which the applicant or participant provides and information which you ascertain based on your observations. Examples of observed information would be the date the participant was in the clinic, or her/his apparent condition or behavior. WIC information, whether provided by applicants and participants or observed by WIC staff, is protected under the confidentiality provisions of the federal regulations, except as discussed below.

ANONYMOUS INFORMATION

Information may be released if it is done in such a way as to protect the identity of individuals. The state office does answer requests for statistical or summary data about WIC participation so that medical and other data collected on participants may be assessed and program impact studies can be conducted.

DUAL PARTICIPATION DETECTION

Certain applicant or participant information may need to be shared in order to prevent and detect dual participation in WIC. Inform applicants prior to certification that they do not have the option of declining to permit such information sharing if they wish to participate in the program.

REPORTING OF CHILD ABUSE AND NEGLECT

Massachusetts state law requires the reporting of known or suspected child abuse or neglect. In such cases, you are required to release appropriate information. However, the general rules about confidentiality apply to instances where state or local child protection services contact you for information which may substantiate allegations of child abuse made by a third party, such as information on a child's appearance, abnormal interaction between the child and her/his parent or guardian, information on missed WIC appointments or the child's medical records. You may not respond to such requests unless, in analyzing the individual case, state or local legal counsel identifies a legal imperative to respond, e.g., a subpoena that cannot or should not, in the counsel's opinion, be contested, or a perceived need to comply with the request in order to avoid any legal liability for possible consequences to the child of failure to provide the requested information.

RELEASE OF INFORMATION FOR CHILD CUSTODY AND OTHER CASES

There may be cases where you receive a request for WIC information from an individual who is not the applicant or participant, or from an organization not covered by an information-sharing agreement.

EXAMPLE 1: The parent of a child participant (not the child's legal guardian) requests the child's WIC records to be used against the guardian in a child custody suit. This situation usually arises during a court proceeding when a subpoena has been issued for WIC records.

EXAMPLE 2: The local police department contacts you requesting applicant or participant information such as a phone number, address, etc.

Due to the variety of situations in which information requests can be made, and the possible legal ramifications of such requests, consult with your legal counsel in response to these and similar requests. Especially in the case of records pertaining to infants and children, the person with the authority to sign a release form and waive the confidentiality requirement will be dependent on state law and may include one or both parents, guardians, etc. An attorney can decide who is the appropriate individual to sign a release and what procedures to follow with respect to a request or subpoena. Such determinations should be made on a case-by-case basis and can be dependent on state or local law.

If a subpoena is issued, your legal counsel should inform the parties of the suit and the courts about the WIC Program regulations concerning confidentiality and the limitations on the disclosure of WIC applicant and participant information before releasing any information.

RELEASE OF INFORMATION TO APPLICANTS AND PARTICIPANTS

A WIC applicant or participant may ask to see or copy his/her own WIC record, or a parent or guardian may request access to, or a copy of, a child's or infant's record. Assuming that any issues regarding custody or guardianship have been settled, these persons have the right of access to all information provided by the applicant or participant. You are not required to grant access to any other information in the file or record, such as documentation of income provided by third parties or any information which serves as a staff assessment of the participant's condition or behavior, unless required by State or local law or policy.

PARTICIPATION

"PARTICIPATION" MEANS THE TOTAL NUMBER OF WOMEN, INFANTS AND CHILDREN WHO HAVE BEEN CERTIFIED FOR WIC AND WHO ARE RECEIVING VOUCHERS.

The following sections detail each step of the many procedures involved in dealing with applicants and participants, from the first inquiry to the final termination.

This PARTICIPATION section is organized in the general order in which you would perform the procedures, starting with responding to applications and ending with terminations.

INQUIRIES

WHEN A PERSON INQUIRES ABOUT WIC, EXPLAIN:

1. THE WIC PROGRAM
2. THE CATEGORIES OF ELIGIBLE PEOPLE
3. THE ELIGIBILITY REQUIREMENTS
4. YOUR WAITING LIST PROCEDURE

A person may inquire about WIC either by phone or in person.

** You may wish to informally screen the person for income eligibility to save her/him from applying if s/he is clearly above the income limits for participation.

APPLICATIONS

OBTAIN THE FOLLOWING INFORMATION FOR EACH APPLICANT:

1. NAME
2. MAILING ADDRESS
3. TELEPHONE NUMBER
4. WIC STATUS - WOMAN (PREGNANT, NURSING, OR POSTPARTUM NON-NURSING), INFANT, OR CHILD
5. DATE OF APPLICATION

OBTAIN NECESSARY ANTHROPOMETRIC AND HEMATOLOGICAL DATA FROM A MEDICAL REFERRAL FORM, FROM THE APPLICANT'S MEDICAL RECORD, OR AT THE CERTIFICATION APPOINTMENT.

MAKE SURE APPLICANTS DO NOT INCUR EXPENSES TO APPLY FOR WIC, INCLUDING OBTAINING MEDICAL DATA OR RECEIVING A BLOODTEST.

SET UP YOUR APPLICATION PROCESS SO THAT APPLICANTS MUST COME TO THE WIC OFFICE ONLY ONCE IN ORDER TO DETERMINE THEIR ELIGIBILITY FOR THE WIC PROGRAM.

APPLYING FOR WIC

A person may apply to WIC by:

- submitting a completed Medical Referral Form (MRF) signed by her/his health care provider and receiving a scheduled appointment

OR

- calling to schedule a certification appointment and providing her/his name, address, telephone number, status and date of birth.

  In this case, obtain required anthropometric and hematological data:

  - from a completed MRF brought to the appointment
  - from the applicant's medical record
  - at the appointment (prenatals must show positive proof of pregnancy; home pregnancy test results excluded)

OR

- bringing proof of income and address and (for prenatals) a positive pregnancy test to the WIC office, and receiving a walk-in appointment. Infants and children applying for WIC must accompany the caretaker to ensure on-site collection of required anthropometric and hematological data.

  Although walk-in appointments may not be feasible for all programs, make every effort to accomodate high-risk applicants (prenatals, homeless, and high-risk infants and children).

OR

- having an assessment done by a community health center nutritionist who then forwards a copy of the assessment and certification forms to the WIC office.

Record the date of application as follows:

** If you schedule a certification appointment after receiving a completed MRF, fill in the "date received" space on the MRF.

** If you schedule an appointment without a MRF, note in the participant record the date the applicant made the appointment, with her/his name, address, telephone number, WIC status, and date of birth.

** If the participant is seen as a walk-in appointment, note this in her/his record.

OBTAINING ANTHROPOMETRIC AND HEMATOLOGICAL DATA

Obtain current anthropometric and hematological data for each WIC certification, and document nutrition-related medical problems. Because WIC is designed as an adjunct to participants' health care, you should collect this information from participants' health care providers whenever possible, using the appropriate Medical Referral Form or the applicant's medical record if you have access to it. However, applicants must not incur expenses in applying for WIC. Make arrangements for obtaining this data free of charge for applicants who do not have health care or who cannot obtain current data without incurring expense by:

- sending the applicant to your agency's health care facilities

OR

- doing the blood test and anthropometric measurements at your office.

Be sure to refer applicants who do not receive health care to your agency's health care facilities or to a local health care provider.

USING THE MEDICAL REFERRAL FORM

When applicants say they would like to apply for WIC, give or mail them the appropriate medical referral form (and dental referral form, if applicable) and

- Explain that you must have a completed medical referral form to review before you can give them a certification appointment or put them on the waiting list

OR

- Make certification appointments at the time you give out the medical referral form and tell applicants that they must bring the completed referral form to the appointment.

Make a policy for your program and be consistent for all applicants.

DETERMINING THE PRIORITY

Attempt to determine an applicant's priority so that you can schedule her/him appropriately. The competent professional authority (CPA) assigns the applicant's priority using the completed Medical Referral Form or the applicant's medical record, if either is available. If an applicant's nutritional risk factor is not obvious, assign the lowest priority for the applicant's category.

NOTE: Assess all prenatal and nursing women to determine their actual priority.

SCHEDULING INITIAL CERTIFICATION APPOINTMENTS

GIVE PRIORITY 1 PREGNANT WOMEN AND FAMILIES OF MIGRANT FARMWORKERS A CERTIFICATION APPOINTMENT WHICH IS WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

- IF YOU HAVE A WAITING LIST FOR THESE APPLICANTS, GIVE OR MAIL THEM A WAITING LIST NOTIFICATION LETTER WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

GIVE ALL OTHER APPLICANTS A CERTIFICATION APPOINTMENT WHICH IS WITHIN 20 DAYS OF THEIR APPLICATION FOR WIC.

- IF YOU HAVE A WAITING LIST FOR ANY OF THESE APPLICANTS, GIVE THEM A WAITING LIST NOTIFICATION LETTER WITHIN 20 DAYS OF THEIR APPLICATION FOR WIC.

TRY TO DETERMINE AN APPLICANT'S PRIORITY BEFORE SCHEDULING THEIR APPOINTMENT.

SET UP YOUR APPOINTMENT SYSTEM TO FIT YOUR PROGRAM'S CAPABILITIES AND NEEDS.

TIME FRAMES

** Enroll all eligible Priority 1 prenatal women and families of migrant farmworkers within 10 days of their application for WIC. TRY TO ENROLL ALL ELIGIBLE PRIORITY 1 AND PRIORITY 2 APPLICANTS WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

See the WIC INFANTS section of this Procedure Manual for procedures allowing prompt enrollment of infants born to mothers who are already on WIC.

** Enroll all other eligible applicants within 20 days of their application for WIC, or notify them that they have been put on your waiting list.

See MANAGING A WAITING LIST and WAITING LIST STATUS sections of this Procedure Manual.

SCHEDULING APPOINTMENTS

Establish an appointment system which makes the best possible use of your staff and which can handle the demand for initial certifications as well as repeat certifications.

- Schedule certification appointments on a first-come, first-served basis if you have no waiting list.

- If you have a waiting list, schedule certification appointments based on the applicant's priority, highest priorities first.

Schedule initial certification appointments in groups or individually.

Group Appointments

Schedule applicants of the same WIC status (W1, W2, W3, I or C) in groups together, if possible.

Schedule group appointments based on the facilities and staff available for each group.

Individual Appointments

Schedule individual certification appointments in one of two ways:

- open booking, when you see any type of applicant at any time your program is open, or

- having specific days and/or times of the week when you see certain types of applicants (e.g. prenatal women, WIC infants).

Allow enough time to do a thorough interview and assessment without running behind schedule. Suggested appointment times for initial certifications are:

o pregnant women	45 minutes
o infants	30 minutes
o children	30 minutes
o breastfeeding women	45 minutes

CERTIFICATION

CERTIFICATION IS THE PROCESS BY WHICH YOU DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR WIC BENEFITS.

COMPLETELY DOCUMENT EACH PERSON'S ELIGIBILITY (CATEGORICAL, GEOGRAPHICAL, INCOME, AND NUTRITIONAL RISK) BEFORE YOU ISSUE VOUCHERS.

Include the following information in each participant's certification record:

ITEM	LOCATION
1. name	Certification form and Participant Data form
2. indication of categorical eligibility	Certification form
3. complete address	Participant Data form
4. documentation of income eligibility	Participant Data form (front)
5. height/length and weight	Certification form
6. blood test results	Certification form
7. dietary assessment	Assessment/Questionnaire
8. nutrition care plan, in SOAP note format	Certification form
9. food package assignment	Certification form and Participant Data form
10. date of assessment (if different from date of certification, e.g., WIC infant, missing information)	Certification form and Participant Data form
11. certification reason	Certification form
12. signature of a competent professional authority	Certification form
13. date of certification	Certification form and Participant Data form
14. signed copy of the affidavit of a participant's rights and responsibilities	Participant Data form (back)

NOTE: This CERTIFICATION section and all the sections included in it outline procedures for certifying new participants, but the procedures are the same for recertifications.

IF THE APPLICANT DOES NOT MEET CRITERIA

Give the applicant a completed "NOT ELIGIBLE LETTER" and explain that s/he may reapply to the WIC Program. You may also:

- (For infants) give them emergency cans of formula, if available.
- Give them supermarket gift certificates supplied to you through Project Bread.
- Refer them to other programs for which they may be eligible.

ELIGIBILITY DETERMINATION

TO BE ELIGIBLE FOR WIC, AN APPLICANT MUST MEET FOUR ELIGIBILITY CRITERIA:

1. CATEGORICAL
2. GEOGRAPHICAL
3. INCOME
4. NUTRITIONAL RISK

RESIDENTS OF INSTITUTIONS ARE NOT ELIGIBLE FOR WIC.

Check categorical eligibility first, then geographical eligibility, then income eligibility. By pre-screening applicants for these eligibility criteria first, you may save them from coming in for a nutrition appointment unnecessarily.

A person who is not eligible for WIC may reapply immediately and as often as s/he wishes.

CATEGORICAL ELIGIBLITY

TO BE CATEGORICALLY ELIGIBLE FOR WIC, A PERSON MUST BE ONE OF THE FOLLOWING:

- A PREGNANT WOMAN
- A BREASTFEEDING WOMAN
- A POSTPARTUM WOMAN
- AN INFANT
- A CHILD

For purposes of WIC eligibility:

* A pregnant woman is a woman having one or more embryos or fetuses in utero.

* A breastfeeding woman is a woman up to one year postpartum who is breastfeeding her infant(s).

* A postpartum woman is a woman up to six months after termination of her pregnancy.

  NOTE: A woman having a spontaneous abortion (miscarriage) or a therapeutic abortion after 20 weeks gestation may be considered a postpartum woman.

* An infant is a person under one year of age.

* A child is a person who has attained her/his first birthday, but has not yet attained her/his fifth birthday.

DOCUMENTING ELIGIBILITY

To verify that an applicant is pregnant, breastfeeding, postpartum, under 1 year or under 5 years, a completed Medical Referral Form is considered adequate documentation.

- For infants and children without Medical Referral forms, call the health care provider to verify age, or ask the caretaker to bring a birth certificate or other official document showing date of birth.

- For walk-in appointments, prenatals must show proof of a positive pregnancy test, but you may accept a woman's verbal statement that she is breastfeeding.

** IF THE APPLICANT IS NOT CATEGORICALLY ELIGIBLE:

1. Explain to the applicant her/his reason(s) for ineligibility.

2. Give her/him a "NOT ELIGIBLE LETTER" indicating the appropriate reason for ineligibility.

3. Give the person information on the fair hearing process.

GEOGRAPHICAL ELIGIBILITY

ALL MASSACHUSETTS RESIDENTS MAY APPLY FOR WIC BENEFITS IN MASSACHUSETTS.

AN APPLICANT DOES NOT HAVE TO BE A U.S. CITIZEN OR A PERMANENT RESIDENT TO BE ELIGIBLE FOR WIC, AND A SOCIAL SECURITY NUMBER IS NOT REQUIRED.

VERIFY EACH PARTICIPANT'S RESIDENCY AT EACH CERTIFICATION.

MASSACHUSETTS RESIDENTS MAY APPLY TO THE WIC PROGRAM OF THEIR CHOICE.

Massachusetts residency is the only geographical requirement.

-- Verify Massachusetts residency at each certification using such sources as:
    - o Letter or statement from a Federal, state or municipal agency (Welfare, SSI, armed services, etc.)
    - o Bill (electric, heat, phone, credit card, mortgage)
    - o Bank statement
    - o Postmarked envelope/postcard or magazine address label
    - o Driver's license or Liquor Purchase Permit
    - o ID card with address
    - o Phone book
    - o Lease, letter or rent receipt from landlord
    - o Medical Referral Form (only if address was completed by health care provider)
    - o Pay check or pay stub with home address
    - o Copy of W-2 form or 1040 (valid during January only)

-- Use a self-declaration of residency for applicants who cannot provide documentation of residency (such as teenagers, people who have just moved to Massachusetts, people living here temporarily, migrants, refugees and the homeless). On the computer input, use the address of the place where they are currently staying, a friend's address, or your WIC program address.

-- Write the participant's full name and complete address on the Income Eligibility Form.

-- Document that you have verified residency on the Income Eligibility form:

- Check off "verified" if you have seen proof of residency.
- Check off "self-declared" if the applicant/participant is unable to provide documentation of residency.

If a participant reports a change of address in the middle of a certification period, document it in the space provided on the Participant Data form.

** IF THE APPLICANT IS NOT GEOGRAPHICALLY ELIGIBLE:

1. Explain the reason for ineligibility.
2. Give a "NOT ELIGIBLE LETTER" indicating geographical ineligibility.

   See the INELIGIBILITY AT INITIAL CERTIFICATION section in this Procedure Manual.
3. Provide information on the fair hearing process.

   See the THE RIGHT TO A FAIR HEARING section in this Procedure Manual.
4. Suggest that s/he contact the Health Department in her/his own state to locate an accessible WIC Program.

NOTE: Applicants may apply to the WIC program of their choice. You may not deny participation to someone simply because s/he lives outside of your catchment area, but you may encourage an applicant from outside of your assigned catchment area to go to another local WIC program if it will facilitate their receiving WIC services (i.e., closer to their home, no waiting list, bilingual staff, etc.).

INCOME ELIGIBILITY

INCOME ELIGIBILITY IS BASED ON THE TOTAL GROSS INCOME OF THE APPLICANT'S HOUSEHOLD AND ON THE HOUSEHOLD SIZE.

MAXIMUM INCOME ALLOWED IS 185% OF THE POVERTY GUIDELINES AS ESTABLISHED ANNUALLY BY THE U.S. DEPARTMENT OF AGRICULTURE.

CURRENT RECIPIENTS OF FOOD STAMPS, AFDC, AND/OR MEDICAID ARE AUTOMATICALLY INCOME-ELIGIBLE FOR WIC. (THIS APPLIES TO THE RECIPIENT ONLY, NOT TO OTHER MEMBERS OF HER/HIS HOUSEHOLD.)

APPLICANTS CURRENTLY RECEIVING GENERAL RELIEF OR REFUGEE CASH AND MEDICAL ASSISTANCE ARE INCOME-ELIGIBLE IF THIS ASSISTANCE IS THEIR ONLY HOUSEHOLD INCOME.

Determine both the total gross income of the applicant's household and the household size. Compare this information with the income guidelines provided annually by USDA and listed on the "Income Eligibility Form".

If the applicant receives Food Stamps, AFDC, and/or Medicaid benefits, s/he is considered income-eligible for WIC regardless of household size or income. (This guideline applies only to the individual approved for Food Stamps, AFDC or Medicaid, not others living in her/his household).

If the applicant is income eligible, document this using the "Income Eligibility Form".

** IF THE APPLICANT IS NOT INCOME ELIGIBLE:

1. Explain that her/his income is above the cutoff point and therefore s/he is not eligible.

2. Give her/him a "NOT ELIGIBLE LETTER" indicating income as the reason for ineligibility.

   See the INELIGIBILITY AT INITIAL CERTIFICATION section in this Procedure Manual.

3. Provide information on the fair hearing process.

   See the THE RIGHT TO A FAIR HEARING section in this Procedure Manual.

** IF A PARTICIPANT BECOMES OVER-INCOME DURING THE CERTIFICATION PERIOD BECAUSE ANOTHER FAMILY MEMBER HAS BEEN FOUND OVER-INCOME AT A CERTIFICATION OR REPEAT CERTIFICATION:

1. Explain the reason for termination.

2. Give a "NO LONGER ELIGIBLE LETTER" indicating income as the reason for termination.

   See the TERMINATION DURING CERTIFICATION PERIOD section of this Procedure Manual.

3. Provide information on the fair hearing process.

4. Give a last set of vouchers if the issue date falls within 15 days after you determined ineligibility and gave the "NO LONGER ELIGIBLE" letter.

5. Terminate the participant according to the procedures described in the TERMINATIONS section of this Procedure Manual.

DETERMINING INCOME

IF THE APPLICANT DOES NOT RECEIVE FOOD STAMPS, AFDC AND/OR MEDICAID BENEFITS, USE THE TOTAL GROSS INCOME OF THE APPLICANT'S HOUSEHOLD TO DETERMINE INCOME ELIGIBILITY.

USE EITHER THE CURRENT INCOME OR THE AVERAGED INCOME OVER THE PAST 12 MONTHS, WHICHEVER IS THE BETTER INDICATOR.

DEFINITION OF "INCOME"

"Income" means the total gross cash income of all members of the household. "Gross income" is all income before deductions are made for income taxes, employee social security taxes, insurance premiums, bonds, etc.

Consider the household's income over the past 12 months and the household's current income to determine which is the better indicator of eligibility.

DETERMINING INCOME

To determine an applicant's income, ask as many questions as are necessary to determine total income, such as:

- What is your income?
- Is that your only source of income?
- Do you receive money from anywhere else to support yourself and/or your children?
- Does anyone else in your household work or receive income?
- Do you receive Food Stamps, AFDC and/or Medicaid benefits?

More specifically:

If No Income:	How do you pay your bills? How are you covering food costs? Is anyone financially supporting you at this time? Are you living off your savings?
If Unemployed:	Have you applied for unemployment benefits? Are you receiving unemployment benefits? Are unemployment benefits your only source of income? When did your unemployment benefits run out?
If Self Employed:	What do you do for a living? Do you file quarterly tax statements to the IRS? Is your income seasonal? Sporadic?

If Working Overtime:	Do you regularly work overtime? How often do you work overtime? How much overtime do you regularly receive?
If a Medicaid Recipient:	Who is covered by Medicaid?
If Receiving AFDC:	Who in the household is included in the AFDC grant?
If a Food Stamp Recipient:	Who are the Food Stamps for?
If a Student:	Do you receive any grants, scholarships or loans? Do you have a work study job? an assistantship? Does your spouse work? Do you work? Does your family/country provide you with financial support? Does your school provide you with financial support?
If in the Military:	What is your income? Does any other household member receive additional income?
If a Member of the Clergy:	What is your income? Does any other household member receive additional income?
If the Applicant Does Not Appear to Be Income Eligible:	Does this amount represent your regular income? How long have you been receiving this income? Does this income accurately represent what your household has been living on for the past 12 months?

INCLUDE THE FOLLOWING AS INCOME

1. wages, salary, commissions, or fees
2. public assistance or welfare payments
3. unemployment benefits
4. net income from self-employment
5. social security payments
6. dividends or interest on savings or bonds, income from estates or trusts, or net rental income
7. government civilian employee payments, military retirement or pension payments, or veteran's payments

8. private pensions or annuities

9. alimony or child support payments

10. payments for the care of a foster child

11. regular contributions from persons not living in the household

12. royalties

13. cash received or withdrawn from any other source readily available to the family, such as savings, investments, and trust accounts.

DO NOT INCLUDE THE FOLLOWING AS INCOME

1. value of Food Stamps

2. value of assistance from any program established under the Child Nutrition Act of 1966, including:

   - o National School Lunch Act
   - o Special Milk Program
   - o School Breakfast Program
   - o Child Care Food Program
   - o Summer Food Service Program for Children
   - o WIC Program

3. financial assistance from any program funded under Title IV of the Higher Education Act of 1965 which is used for specified costs (books, materials, tuition, fees, supplies, transportation) including:

   - o Pell Grant
   - o Supplemental Educational Opportunity Grant
   - o State Student Incentive Grant
   - o National Direct Student Loan
   - o PLUS
   - o College Work Study
   - o Burd Honor Scholarship programs

4. housing allowances for military personnel

5. value of free housing received by members of the clergy and on-base military

6. payments or allowances received under the Home Energy Assistance Act of 1980

7. payments received from the youth employment demonstration program

8. any payment to volunteers under Title II or the Domestic Volunteer Service Act of 1973, including:

   - o RSVP
   - o Foster Grandparents
   - o SCORE
   - o ACE

9. any payment to VISTA volunteers who receive Food Stamps or public assistance at the time they join VISTA

10. reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970

11. payments to certain Indian tribes including:

    - o income derived from certain submarginal land of the U.S. held in trust for certain Indian tribes
    - o income derived from the disposition of funds to the Grand River Band of Ottawa Indians
    - o any payment to the Passamaquoddy Tribe and the Penobscot Nation or any of their members pursuant to the Maine Indian Claims Settlement Act of 1980

OVERTIME PAY

If an applicant appears to be over-income due to overtime pay included on the most recent paystub, request documentation of pay for the past month or for the past 12 months to determine if s/he is income eligible using the monthly or yearly guidelines.

INCOMES WITH DIFFERENT FREQUENCIES

If an applicant reports two or more different sources of income and the incomes are not received at the same frequency, convert all income to a common frequency as follows:

Frequency	To obtain monthly income:	To obtain annual income:
Weekly	multiply by 4.3	multiply by 52
Bi-weekly (every 2 weeks)	multiply by 2.15	multiply by 26
Semi-monthly (twice a month)	multiply by 2	multiply by 24

Example: If an applicant has a weekly income of $100 and a monthly income of $500, convert the weekly source to monthly by multiplying it by 4.3 ($100 x 4.3 = $430). Add this monthly amount to the $500 for a total dollar amount of $930 per month.

DETERMINING HOUSEHOLD SIZE

A HOUSEHOLD IS A PERSON OR GROUP OF PERSONS WHO MAY OR MAY NOT LIVE TOGETHER BUT WHO SHARE INCOME AND CONSUMPTION OF GOODS OR SERVICES.

DETERMINE HOUSEHOLD SIZE AS PART OF DETERMINING INCOME ELIGIBILITY.

DO INCLUDE in a household:

- o children living in the household
- o adopted children or those for whom the family has accepted legal responsibility
- o children residing in a school or institution, whose support is paid for by the parents or guardians

DO NOT INCLUDE in a household:

- o unborn infants
- o non-resident children for whom child support payments are made

DETERMINING HOUSEHOLD SIZE

To determine household size, ask the following questions:

- o How many people do you live with?
- o How many people are supported by your income?
- o Where do those supported by your income reside?

See the chart on the next page for guidelines for determining household size.

DETERMINATION OF HOUSEHOLD SIZE

SITUATION:	QUESTIONS TO ASK:	DETERMINATION OF HOUSEHOLD SIZE
Foster Child	o Is the child a ward of the state?	o If the child is a foster child and remains the legal responsibility of a welfare or other agency, the foster child shall be considered a household of one.
	o Are you the child's legal guardian?	o If yes, include as member of family household.
	o Do you receive any income because you care for the child?	o If yes, include in income of household if not ward of state.
Child Support	o Do you receive child support payments?	o If yes, include in income determination.
	o How regularly do you receive these payments?	o Include in income at appropriate frequency.
	o Do you pay child support?	o Child support payments can not be deducted from income of payer. Do not include a non-resident child for whom support payments are made in the household size.
Institutionalized family member	o Do you pay financial support for the institutionalized person?	o If yes, include in household size.
	o Does the state/other agency bear financial responsibility for the institutionalized person?	o If yes, do not include in household.
Living with another family	o Does the family provide you with free food, clothing, shelter, etc.?	o If yes, include as member of household.
	o Do you share the expenses?	o If yes, include as member of household.
	o Do you pay the family for living in their home?	o If a person is totally self-supporting, regardless of where s/he lives, that person is a household separate from the rest of those with whom s/he lives. A minor who pays for the expenses of her/his support is a household separate from the persons with whom s/he lives regardless of her/his age.

DOCUMENTING INCOME

DOCUMENT THE INCOME OF ALL HOUSEHOLD MEMBERS.

AT EACH CERTIFICATION APPOINTMENT, DOCUMENT THE APPLICANT'S INCOME ELIGIBILITY ON THE CURRENT INCOME ELIGIBILITY FORM.

A MASSHEALTH CARD IS NOT AUTOMATIC PROOF OF WIC ELIGIBILITY BECAUSE IT IS NOT DATED.

Documentation may include, but is not limited to:

- pay stub
- unemployment check stub
- letter from employer
- letter from Welfare office containing name of applicant and benefits received (dated within one month of WIC application)
- computerized Welfare "Explanation of Grant Acceptance" (dated within the last 6 months)
- savings book (to estimate average weekly and/or monthly withdrawals)
- letter from the court regarding child support or alimony
- quarterly estimate tax form
- W_2 or 1040 tax forms (may be used to document past 12 months only when used in January)

In order to determine current income, make sure the the documentation source is dated within the past month. For the self-employed, whose tax returns are submitted quarterly, use the form from the most recent quarter.

If income eligibility is based on annualized income, make sure you have adequate documentation to verify the household's income for the past 12 months.

You do not need to keep a copy of the income documentation in the person's file.

APPLICANTS/PARTICIPANTS WITH NO DOCUMENTATION

Applicants/participants who have income but cannot document it (for example, persons who are homeless, who have recently moved to Massachusetts, or who are self-employed and not maintaining records or filing 1040-ES) may make a self-declaration of income, either in writing or verbally.

WELFARE APPLICANTS

If an applicant has recently applied for Medicaid, AFDC, Food Stamps, RCMA, or General Relief but is not yet receiving benefits:

1) Request a letter from the Welfare Department stating applicant's name, program eligibility and the cash grant to be received, dated within the last month

OR

2) Ask to see a copy of the Welfare Department's computerized "Explanation of Grant Acceptance" indicating eligibility and cash grant amount.

If an applicant cannot provide a letter or computer sheet, assess what s/he is currently living on and document the source.

Advise her/him to bring proof of the Medicaid/AFDC/Food Stamps/General Relief/RCMA benefit as soon as it is received. Note the change in income in the participant's file.

STUDENTS

Documentation of income for students must include all readily available amounts received. Students are not allowed a deduction for tuition expenses unless they receive financial assistance income which is designated specifically for tuition and related expenses.

Students Receiving Financial Aid

If a student receives a grant, loan or scholarship, include as income only readily available cash amounts received, such as those used for living expenses. Do not include the amount of money used for tuition and fees. The student's Financial Aid Transcript, available from her/his financial aid department, will show how the financial aid is to be used.

Foreign Students

Some foreign students may be able to document their financial status with a "Certification of Finances", a financial disclosure statement used by most major universities when admitting non-immigrant alien students. Others may have to contact their financial aid department, international student office, or consulate/embassy for documentation of their financial status.

Remind non-immigrant alien students that participation in the WIC program might be considered by US Immigration and Naturalization Service (INS) as evidence that they have become public charges, which could jeopardize their visas. But children born in the United States to alien students are citizens, and their participation in the WIC Program does not jeopardize their parents' alien status.

Income Documentation

CATEGORY	DOCUMENTATION REQUIRED (USE ONLY ONE)	AMOUNT	FREQUENCY	DOCUMENTATION LINE
EMPLOYED	- Pay check - Pay stub - Signed letter from employer stating source of income, total income and frequency	Average dollar amount of paycheck(s)	Paycheck issuance schedule	- "paycheck" - "pay stub" - "employer letter"
SELF-EMPLOYED	- Copy of quarterly tax return form (1040 ES - Estimated Tax for Individuals)	As indicated	3 months or as indicated	- "1040 ES for _____ " (mo/yr)
SEASONALLY EMPLOYED (e.g., farmers and fisherman)	- Previous year's W2 form - signed letter from the employer stating source of income, amount and frequency	As indicated	Yearly or as indicated	- "199__ W2 form" - "employer letter"
MILITARY PERSONNEL	- Current pay statement - Leave and Earnings statement	As indicated	As indicated	- "pay statement" - "LES"
RECEIVING UNEMPLOYMENT	- Unemployment claim printout - copy of unemployment check - unemployment check stub - unemployment benefits letter	As indicated	Weekly	- "unemployment claim" - "unemployment check" - "unemployment stub" - "unemployment letter"
LIVING ON SAVINGS	- Savings account book	Average amount of withdrawals over several weeks/months	Weekly or monthly (whichever you use)	- "Savings book"
MEDICAID/AFDC/RCMA/ FOOD STAMPS/GENERAL RELIEF RECIPIENT	- Explanation of Grant Acceptance sheet - Letter from DPW with name of applicant & current benefits, dated within one month - letter from social worker	Dollar amount received	Current month	- "Grant Explanation" - "Welfare letter" - "Welfare letter"
MEDICAID/AFDC/RCMA/ FOOD STAMPS/GENERAL RELIEF APPLICANT	- Explanation of Grant Acceptance sheet - letter from social worker	As indicated	As indicated	- "Grant Explanation" - "Welfare letter"
STUDENTS RECEIVING FINANCIAL AID	- Financial Aid Transcript - Certification of Finances form (for foreign students)	Total amount for current semester (excluding amount for tuition and fees)	Length of semester	- "Fin'l Aid Transcript" - "Certification of Finances"
EMPLOYED PERSON WITH NO INCOME DOCUMENTATION	- None	Dollar amount received	As indicated verbally or in writing	- "Self-declaration"
NO INCOME	- None	N/A	N/A	- "Self-declaration"

DOCUMENTING INCOME ELIGIBILITY

Completely fill out the income eligibility section of the Participant Data form for the current year.

1. INCOME/FREQUENCY Fill in the total household income at the date of certification, and check off the frequency of that income (yearly, monthly, bi-weekly or weekly). For participants on AFDC, dollar amount may be reported verbally; it is not necessary to it in writing.

   Please note that an applicant determined to be automatically income-eligible because s/he receives Medicaid, AFDC, or Food Stamps may appear to be "over income" if other household members contribute to the household income.

   See the DETERMINING INCOME section of this Procedure Manual for more information.

2. HOUSEHOLD SIZE Fill in the total household size.

   See the DETERMINING HOUSEHOLD SIZE section of this Procedure Manual.

3. DOCUMENTATION Write in the type of documentation used to verify the household's current or annualized income.

4. HEALTH INSURANCE Check off the applicant's current health insurance; if the applicant does not have health insurance, make the appropriate referral and check it off.

5. DISCUSSED OR REFERRED TO Make sure that everyone not currently receiving AFDC or Food Stamps is made aware of, and when appropriate, referred to these programs at each certification; document accordingly.

   Note other non-health referrals here. Note all health and social service referrals on the Certification form.

6. PARTICIPANT SIGNATURE Have the participant sign here.

7. STAFF SIGNATURE Sign your full name, not just your initials.

8. DATE Write the full date (month/day/year) on which you determined income eligiblity.

PARTICIPANT DATA

Trans Type 1 Site 01 ID # 0123456

☐ Name GOMEZ PETER Cycle 1 Pickup Day 08 Health Ins 2

☐ Parent/ Guardian GOMEZ ALICIA

☐ Address 150 TREMONT ST Household # _____

Address or Proxy _____

☐ City/Town BOSTON Zip 02111 Phone (617) 555-1234

☐ Birth Date 05 30 87 Sex M Race F

☐ Cert Date 08 11 89 Assess Date _____ Term Code __ Term Date _____

☐ Status 8 Food Pkg 353 Priority 3AX Recert Date ••••••••• Contact Due _____

☐ Exp Del Date or Del Date ••••••••• Teen Risk __ Optional Use _____

MASS RESIDENCY verified ✓ self-declared ___

INCOME

$ 430 per week __ 2 weeks __ month ✓ year __ HOUSE HOLD SIZE 2

DOCUMENTATION WELFARE LETTER

HEALTH INS: Healthy Start(1) __ MassHealth(2) ✓ Private(3) __
Ref. to H.S.(4) __ Ref. to M.H.(5) __ No ref.(6) __

DISCUSSED OR REFERRED TO: AFDC __ Food Stamps __ Other fuel assistance

PART. SIG. Alicia Gomez STAFF SIG. Susan Andrew DATE 8/11/89

INCOME ELIGIBILITY
JULY 1, 1989 - JUNE 30, 1990

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	11,063	922	213
2	14,837	1,237	286
3	18,611	1,551	358
4	22,385	1,866	431
5	26,159	2,180	504
6	29,933	2,495	576
7	33,707	2,809	649
8	37,481	3,124	721
EACH ADD. HOUSEHOLD MEMBER	+3,774	+315	+73

TERMINATION DOCUMENTATION

Reason

5 years old(1) ___
1 year PP-BF(1) ___
6 mo. PP (1) ___
No longer BF(1,8) ___
6 wk PP(8) ___
(DOD _____)

Non-resident(3) ___
Transfer to(3) _____
Over income(7) ___
No nutr. risk(2) ___
Waiting list(8) ___

Missed _____ & _____ VPU(4)
No repeat cert.(5) ___
Other _____

Last month eligible _____ Letter(s) used _____ Date letter given/mailed _____ Staff initials _____

NUTRITIONAL RISK

A PERSON MUST HAVE A NUTRITIONAL RISK FACTOR TO BE ELIGIBLE FOR WIC.

USE THE FOLLOWING INFORMATION TO DETERMINE NUTRITIONAL RISK:

- o ANTHROPOMETRIC MEASUREMENTS
- o HEMATOLOGICAL VALUES
- o DIET ASSESSMENT
- o NUTRITION ASSESSMENT

DOCUMENT ALL INFORMATION USED TO DETERMINE NUTRITIONAL RISK IN THE PARTICIPANT'S RECORD.

For detailed instructions on obtaining nutritional risk information and documenting it in the participant record, see the following Massachusetts WIC Program publications:

- Instruction Guide for Assessment and Certification of Pregnant Women
- Instruction Guide for Assessment and Certification of Postpartum and Lactating Women
- Instruction Guide for Assessment and Certification of Infants
- Instruction Guide for Assessment and Certification of Children

** IF THE APPLICANT IS AT NUTRITIONAL RISK AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Choose an appropriate certification reason for the applicant.
2. Continue the certification process for the applicant.

** IF THE APPLICANT IS AT NUTRITIONAL RISK, BUT IN A PRIORITY YOU DO NOT CURRENTLY SERVE:

1. Offer her/him the opportunity to go on your waiting list. Give her/him a "WAITING LIST LETTER" if s/he is interested.

   See the MANAGING A WAITING LIST section of this Procedure Manual.

2. Give the person a "NOT ELIGIBLE LETTER" indicating the appropriate reason for not being eligible.

   See the INELIGIBILITY AT INITIAL CERTIFICATION section of this Procedure Manual.

3. Give the person information on the fair hearing process.

   See the THE RIGHT TO A FAIR HEARING section of this Procedure Manual.

** IF THE APPLICANT IS NOT AT NUTRITIONAL RISK:

1. Explain the reason for ineligibility.

2. Give a "NOT ELIGIBLE LETTER" indicating "Not at nutritional risk".

   See the INELIGIBILITY AT INITIAL CERTIFICATION section of this Procedure Manual.

3. Give the person information on the fair hearing process.

   See the THE RIGHT TO A FAIR HEARING section of this Procedure Manual.

NUTRITIONAL ASSESSMENT

COMPLETE A NUTRITIONAL ASSESSMENT FOR EACH PARTICIPANT AS PART OF THE CERTIFICATION PROCESS.

USE ONLY THE RISK FACTORS IN THE "NUTRITIONAL RISK CRITERIA FOR CERTIFICATION" FOR THE CURRENT FISCAL YEAR.

IDENTIFY ALL RISK FACTORS FOR EACH PARTICIPANT.

The nutrition assessment enables you to:

- identify each person's nutritional risk factors to determine eligibility
- determine each participant's individual concerns and needs for nutrition education and counseling
- determine each participant's nutritional needs in order to appropriately tailor the food package.

Assess each applicant's nutritional status by:

1. reviewing the medical referral form,
2. obtaining and reviewing the assessment form or questionnaire
3. assessing information from the participant.

You may assess applicants individually or in groups. High-risk applicants or participants should be certified individually by a nutritionist. If you certify high-risk participants in a group, provide individual counseling that addresses the participants' assessed risks.

Low-risk participants may also be certified individually if you think they would not be comfortable in a group or if they request an individual appointment.

GROUP CERTIFICATIONS

Schedule groups based on participant category; schedule postpartum women with their infants. Collect and assess diet and health information from the Nutrition Questionnaires which are:

- sent out prior to a group and either mailed or brought by the participant

OR

- completed in the waiting room prior to the group

OR

- completed as part of the group activity.

Choose a method that gives you enough time to assess the information on the Questionnaires.

For nutrition education at a group initial certification, explain the WIC program, the WIC foods, how to use WIC vouchers, the nutritional needs of the participant/category, and the nutritional concerns of group members. Encourage group interaction to facilitate learning and foster peer support, and schedule follow-up nutrition appointments.

Assess each participant's dietary information before you assign a food package.

INDIVIDUAL CERTIFICATIONS

Collect the diet and health information by:

- interviewing the participant using the Nutrition Assessment form

OR

- asking the participant to complete the Nutrition Questionnaire.

For nutrition education at an individual certification, use the nutrition/health information collected during the interview and the participant's stated needs and interests to determine one or two main areas of concern. Focus your counseling on the issue of highest priority.

Assess the participant's dietary information before you assign a food package.

THE "NUTRITIONAL RISK CRITERIA FOR CERTIFICATION"

Use only the reasons listed in the "Nutritional Risk Criteria for Certification" to determine WIC eligibility. The Risk Criteria booklet is divided into three main sections:

NUTRITIONAL RISK CRITERIA Lists risk criteria by alphabetical codes:

A Low hematocrit/hemoglobin
B Low weight gain during pregnancy, etc.

Each code/risk factor is subgrouped by participant category (pregnant, breastfeeding, postpartum, infant and child) which is divided into levels of risk designated by a double letter code. Example:

M ADOLESCENT PREGNANCY

Pregnant Breastfeeding	MA	MATERNAL AGE AT ONSET OF PREGNANCY 19 OR LESS
Postpartum	MB	MATERNAL AGE AT ONSET OF PREGNANCY 19 OR LESS
Breastfed Infant	MA	MOTHER/CARETAKER AGED 19 YEARS OR LESS
Bottlefed Infant	MB	MOTHER/CARETAKER AGED 19 YEARS OR LESS
Child	MA	MOTHER/CARETAKER AGED 19 YEARS OR LESS

PRIORITY CODES BASED ON NUTRITIONAL RISK Lists priority codes for each participant type based on their nutritional risk. Example:

RISK CRITERIA	CODE	P	B	N	I	F	C
D LOW WEIGHT FOR HEIGHT/LENGTH	DA	1A	1A	--	1A	1A	3A
	DB	--	--	6B	1B	1B	3B
	DP	--	1P	--	--	--	3P

NOTE: Codes ending in "P" indicate prevent regression.

ATTACHMENTS Refer to these tables for statistical information needed to determine nutritional risk.

Prenatal Weight Gain Grid Use this table to determine pattern of weight gain for prenatal women.

Height and Weight Table Use this table to evaluate weight and frame size.

Caffeine Content of Selected Items Use this table to determine caffeine intakes.

USING THE "RISK CRITERIA"

The Risk Criteria

The "Nutritional Risk Criteria for Certification" have been set up to help your program best utilize its nutrition staff. CPA choices were made based on the applicant's degree of risk and the amount of nutrition knowledge needed by a CPA for effective counseling; they were not based on priority. Therefore, CPAs may see people having risks of different priorities.

All postpartum teens, both breastfeeding and non-breastfeeding, are classified under nutritionist categories as the baby and mother are considered a high-risk pair.

The Certification Appointment

Schedule the certification appointment with the appropriate nutrition staff as identified in the Risk Criteria booklet, based on available information provided by the participant, on the Medical Referral form, in the medical chart, etc. Example:

P CLINICAL MANIFESTATIONS

Pregnant PA * LEAD POISONING II,N

Staff with CPA II status and Nutritionists may certify applicants with lead poisoning, although the CPA II should be utilized first.

If staff with a CPA II or I status sees a high-risk participant because the risk factor was not evident from the Medical Referral Form but was determined during the appointment, s/he must have the nutritionist consult on the assessment, plan, and food package assignment and sign off on the chart prior to voucher issuance. She must then schedule a high-risk individual appointment with the nutritionist for the participant.

Documenting the Risk Factor

Assess and document all risk factors applicable to the applicant in the Assessment (A) section of the SOAP note. List all applicable nutritional risk certification reasons, using the risk codes, in the Plan (P) section under "Cert Reason". Determine the highest priority and document under "Priority".

Risk factors with a * next to them must be documented by the participant's health care provider, either on the Medical Referral Form or verbally, followed by written confirmation. Risk reasons with a † need a dentist's documentation. Risk reasons with a § need documentation from another service provider.

PRIORITY CATEGORIES

PRIORITY CATEGORIES ARE DETERMINED BY FEDERAL REGULATIONS.

EACH NUTRITIONAL RISK FACTOR IS ASSIGNED A PRIORITY.

IF THERE IS MORE THAN ONE POSSIBLE CERTIFICATION REASON FOR A PARTICIPANT, ALWAYS USE THE REASON WITH THE HIGHEST PRIORITY.

USE THE PRIORITY CATEGORIES TO DETERMINE THE ORDER IN WHICH TO CERTIFY APPLICANTS WHEN YOUR PROGRAM HAS A WAITING LIST.

NUTRITIONAL RISK CRITERIA

Each priority category includes specific nutritional risk criteria. For a complete list of risk criteria, see the "Nutritional Risk Criteria for Certification" in the NUTRITIONAL RISK section of this Procedure Manual.

If there is more than one possible certification reason for a participant, always use the reason with the highest priority.

ASSIGNING PRIORITIES TO THE BREASTFEEDING MOTHER AND INFANT PAIR

When certifying a breastfeeding infant, identify all possible certification reasons including the mother's most recent certification reason. If the mother's certification reason falls under a higher priority than any of the infant's risk factors, use the mother's certification reason to certify the infant.

- Write the mother's certification reason under the "A" section of the infants's SOAP note
- Write the infant's certification reason as "infant of a priority ____ breastfeeding woman". (Fill in I or IV, whichever applies).
- Write the infant's priority on the certification form (same priority as the mother).

When certifying a breastfeeding woman, identify all possible certification reasons including the infant's most recent certification reason. If the infant's certification reason falls under a higher priority than any of the mother's risk factors, use the infant's certification reason to certify the mother.

- Write the infant's certification reason under the "A" section of mother's SOAP note
- Write the mother's certification reason as "breastfeeding a priority ___ infant". (Fill in I, II or IV, whichever applies.)
- Write the mother's priority on the certification form (same priority as the infant).

NOTE: One of the pair must have a standard risk factor as listed in the Nutritional Risk Criteria for Certification. You cannot use "breastfeeding a priority __ infant" to certify a woman if you are certifying the infant for "infant of a priority __ breastfeeding woman".

BLOODWORK

FEDERAL REGULATIONS REQUIRE EACH APPLICANT TO HAVE A HEMATOLOGICAL TEST FOR ANEMIA IN ORDER TO BE CERTIFIED FOR THE WIC PROGRAM. INFANTS UNDER SIX MONTHS OLD ARE EXCEPTED FROM THIS REQUIREMENT.

BLOOD TESTS MUST BE NO OLDER THAN 60 DAYS FROM THE DATE OF THE APPOINTMENT.

Since one of the primary purposes of the WIC Program is to help alleviate iron deficiency anemia, a screening test for iron levels is required for most applicants.

** BLOOD TESTS MAY BE ANY ONE OF THE FOLLOWING:

- Hematocrit (Hct): the percent of red cell volume

or

- Hemoglobin (Hgb): the amount of iron in the blood

or

- Free Erythrocyte Protoporphyrin (FEP): an indicator of iron-deficiency and/or lead poisoning

PREGNANT WOMEN

Pregnant women need one blood test taken anytime during the current pregnancy.

POSTPARTUM, NON-BREASTFEEDING WOMEN

Postpartum, non-breastfeeding women need one blood test taken anytime between the delivery date and the date of certification, inclusive.

BREASTFEEDING WOMEN

Postpartum, breastfeeding women need one blood test taken anytime between the delivery date and the date of certification, inclusive.

Postpartum, breastfeeding women remaining on the program for a second certification period need another blood test, even if the first postpartum bloodwork was normal.

INFANTS

Infants less than six months do not need to have a blood test. However, you may use blood test results as a reason for certification for an infant less than six months if you have received the bloodwork from the physician or clinic, it is below the standard, and the test is not more than two months old.

Infants six months or older need one blood test taken at the time of certification.

** Infants' blood test results must be no older than 60 days from the date of the appointment in order to be certified for a full six months.

CHILDREN

Children need one blood test at their initial certification as a child, then once a year if their levels are normal or twice a year if their levels are below normal.

** Children's blood test results must be no older than 60 days from the date of the appointment in order to be certified for a full six months.

Example: Juan Morales is certified as a WIC Infant.

At 6 months:	Certified for underweight.	Blood test required for infants at six months. Results normal.
At 1 year:	Certified for underweight.	Blood test required for initial certification as a child. Results normal.
At 18 months:	Certified for underweight.	New blood test not required because normal at last certification.
At 24 months:	Certified for prevent regression of underweight	Blood test results over one year old. New blood test required; normal results.
At 30 months:	Terminated; no nutritional risk factor.	Blood test requested; normal at last certification but test was done to be sure there were no risk factors before removing Juan from the program.

EXEMPTIONS

Certain participants may be granted an exemption from the bloodwork requirement:

- Individuals whose religious beliefs prohibit the taking of blood (i.e., Jehovah's Witnesses, Hindus, etc.)

- Applicants with chronic medical conditions such as hemophilia, if the physician documents ongoing medical care and requests that you refrain from taking blood.

Process these applications as follows:

1. Explain to the applicant/participant the purpose of bloodwork collection and its use as a reason for certification. Inform them that they may not qualify for WIC program benefits if their other medical and dietary factors are normal, since hemoglobin/hematocrit/FEP results will not be available. Document in the record that you have provided this information.

2. Document the reason for absence of bloodwork in the participant record.

3. Assess anthropometric, dietary, and MRF information for nutritional risk.

4. Conduct all other appropriate steps for certification.

PREVENT REGRESSION

YOU MAY USE PREVENT REGRESSION AS A REASON FOR REPEAT CERTIFICATION WHEN TERMINATION FROM THE WIC PROGRAM WOULD BE DETRIMENTAL TO THE PARTICIPANT'S HEALTH.

ONLY A CPA CAN DETERMINE THE USE OF PREVENT REGRESSION.

DO NOT USE PREVENT REGRESSION WHEN ANY STANDARD RISK CRITERIA APPLY.

DO USE PREVENT REGRESSION:

* When the CPA determines that the participant would regress without WIC benefits.
* On a case-by-case basis.
* For the following participants only:
  - Breastfeeding women in priorities 1A, 1B and 4A.
  - Children in priorities 3A, 3B, 3C, 5A, 5B, and 5C.
  - Children, formerly 1A, 1B, 4A or 4B as infants, whose prior infant risk factor has an equivalent child risk factor.
  - Children, formerly 2A as infants, who were assessed as having a risk associated with a lower priority. For example, a WIC infant (priority 2A) with an inadequate dietary pattern (priority 4A or 4B).

DO NOT USE PREVENT REGRESSION

* As a reason for initial certification.
* As a reason for repeat certification if a standard risk criteria can be used.
* For two consecutive certifications for the same participant.
* For pregnant women.
* For postpartum, non-breastfeeding women.
* For 1-year olds whose infant priority was 2A and who have no other priority risk documented in the nutritional assessment.
* For 1-year olds when there is no child risk factor equivalent to the one used to certify them as an infant.

When using Prevent Regression, write the certification reason as "Prevent Regression of _____" (fill in previous risk factor).

EXAMPLE: A child's previous risk criteria was "Weight for height below 10th %ile." Write the new reason as "Prevent regression of weight for height below 10th %ile."

Write the priority code as 3P.

Document your reason(s) for using Prevent Regression in the SOAP notes.

WIC INFANTS

"WIC INFANTS" ARE INFANTS BORN TO WOMEN WHO PARTICIPATED IN THE WIC PROGRAM DURING THEIR PREGNANCY.

WIC INFANTS ARE DEFINED BY FEDERAL REGULATION AS A PRIORITY 2 CATEGORY. NUTRITION ASSESSMENT MAY DETERMINE THEM TO BE IN A PRIORITY 1 CLASSIFICATION.

CERTIFY AND PROVIDE VOUCHERS TO WIC INFANTS WITHIN 10 DAYS OF BIRTH OR FIRST CONTACT.

THE CERTIFICATION DATE FOR A WIC INFANT IS HER/HIS DATE OF BIRTH.

YOU MAY CONDUCT A PRELIMINARY CERTIFICATION WITH AND ISSUE VOUCHERS TO SOMEONE OTHER THAN THE INFANT'S MOTHER AS LONG AS YOU COMPLETE THE CERTIFICATION WITHIN SIX WEEKS FROM THE INFANT'S DATE OF BIRTH.

APPLICATION AND SCHEDULING

Give the Medical Referral Forms for infants and postpartum women to the woman prior to her EDC. Tell her to call the program when the baby is born, so that you can make an appointment for her recertification and the baby's certification.

Certify and issue vouchers to WIC infants within 10 days of birth or first contact. If you are unable to certify a WIC infant within 10 days of birth, be sure to note the "date of first contact" in her/his record.

If you are unable to do at least preliminary certifications of WIC infants on a walk-in basis, be sure to schedule time at least once a week for this procedure.

CERTIFICATION

When possible, conduct a complete certification for the WIC infant with the mother prior to issuing the first vouchers.

If the mother or primary caretaker is unable to come for this initial appointment, or if you are unable to schedule time for a full certification, conduct a preliminary "WIC infant" certification prior to issuing the first vouchers. This must include:

1) Determining income eligibility

2) Completing affidavit of Rights and Responsibilities

3) Filling out a "preliminary" assessment and certification form for the infant including anthropometric data, date of certification (infant's birth date) and reason for certification ("WIC infant"). (See following example.)

4) Distributing vouchers

5) Scheduling a nutrition appointment within six weeks.

   The infant and her/his primary caretaker must attend the appointment to complete the infant's nutrition assessment and to receive nutrition counseling. If your program is taking Priority 6 or the mother is breastfeeding, schedule the appointment to coincide with the mother's postpartum recertification appointment.

   Complete the dietary assessment and SOAP note at the follow-up appointment. Write the date of assessment on the Certification form.

CERTIFICATION DATE

For a WIC infant, use the birth date as the certification date.

Since WIC infants are certified before 6 months, they are certified until their first birthday. See the CERTIFICATION PERIODS FOR INFANTS section of this Procedure Manual for more information.

EMERGENCY FORMULA

Provide non-breastfeeding WIC infants with formula as soon as possible. If you do not have complete certification data or your appointment schedule does not allow you to see them right away, issue emergency cans of contract formula to the parent.

See the WIC AND THE INFANT FORMULA INDUSTRY section of this Procedure Manual for more information.

Massachusetts WIC Program

CERTIFICATION FORM

INFANTS – Birth to 12 Months

Name SYLVIA VALDEZ Sex: M___ F ✓ ID#

Parent or Guardian JUANITA SANTOS Date of Birth 6/1/88 Age (Today) _____

Health Care 42 WATERVILLE CLINIC Birth Weight 8# 2oz Birth Length 20 IN

Primary Language SPANISH Race H Gestational Age 40 WKS

Mother on WIC? Prenatal ✓ Postpartum ___ Infant Feeding: Breast___ Bottle___ Both ✓

S:

O: MEASUREMENTS Date 6/11/88

Age a/o Measurement _____ Months 10 ~~wks~~ days

Weight 8# 5 oz Length 20 in

Weight/Age %ile 75-90 Length/Age %ile 50-75

Weight/Length %ile 50 - 75

A: (MUST BE COMPLETED BY 6 WEEKS OF AGE)

LAB (6 months and older)

Hct. _____ Date _____

Hgb. _____ Date _____

FEP _____ Date _____

Pb _____ Date _____

OTHER _____

Tailoring Rationale _____ Food Pkg. 208

P: ___Infant Diet ___Formula fdg. ___Breastfdg. ___Introduction of Solids ___Weaning
___NBS/Cup ___Making Baby Food ___Vit/Min Supp. ___Self fdg. ___Growth charts
___Other _____

Referral _____

Certified? Yes ✓ No ___ Priority 2AX Pick up Date _____ Mother Assessed? Yes___ No___

Reason WIC Infant

Date of Certification 6/1/88 Date of Assessment _____

Date 1st vouchers (WIC Infant) 6/6/88 Signature Donna Greenidge

Second Contact: Date Offered _____ N/S Initials _____
Topic/Progress Note

Third Contact: Date Offered _____ N/S Initials _____
Topic/Progress Note

Mass. WIC 1/88
WIC Form #56

AIDS/ARC/HIV INFECTION

WHEN SERVING PARTICIPANTS WITH AIDS, ARC OR HIV INFECTION:

- PROTECT THEIR CONFIDENTIALITY
- CERTIFY THEM PROMPTLY
- COUNSEL THEM APPROPRIATELY

FOLLOW THE "UNIVERSAL PRECAUTIONS" TO PROTECT YOUR STAFF FROM HIV INFECTION.

CERTIFICATION

- On the Medical Referral Form, AIDS/ARC/HIV infection is listed along with other examples of "frequent episodes of infectious disease"; the person completing the form is not asked to specify the problem further. A check under this category on the MRF is sufficient documentation for certification.

- You may ask questions about the reason for certification, but may NOT record any such information anywhere in the participant's record.

  NOTE: Legal confidentiality applies only to the results of HIV tests, not to any diagnosis of AIDS or ARC, so that an AIDS/ARC diagnosis provided on a MRF should go into the participant's record as usual. A participant may also volunteer information on AIDS/ARC/HIV infection, in which case it should not be recorded in the participant's record, but be handled separately as described below.

CONFIDENTIALITY OF AIDS INFORMATION

There are two options you may explore regarding confidentiality of AIDS information:

1. In order to ensure thorough counseling of these participants, you may elect to keep a confidential file of persons known to have AIDS, ARC or HIV infection. If so, lock the file and give only the Senior Nutritionist access to it (the Senior Nutritionist being the senior staff member responsible for participant counseling); s/he may then share this information as needed to counsel participants. Choose this option only if this information can be kept confidential. Have the Senior Nutritionist designate someone to act in her/his absence.

2. You may wish instead to keep no written records at all of AIDS/ARC/HIV information, but have the Senior Nutritionist endeavor to stay aware of this information and make sure that participants are counseled accordingly. This option has the drawback of depending on memory but avoids the risk that written information might not stay confidential.

Programs need to weigh the need for confidentiality against the need for appropriate counseling. The option you choose will depend on the judgment of your senior staff based on their evaluation of your program's needs and circumstances. State WIC staff will be happy to consult with you on these issues, and to seek additional legal advice if necessary.

Implimentation of this an AIDS policy on confidentiality will be monitored as a regular component of site visit protocol.

CERTIFICATION PERIODS

PARTICIPANTS ARE CERTIFIED FOR A SPECIFIED PERIOD OF TIME WHICH DEPENDS ON THE CATEGORY OF THE PARTICIPANT.

DO NOT GIVE VOUCHERS TO PARTICIPANTS WHOSE CERTIFICATION PERIOD HAS EXPIRED.

CATEGORY	LENGTH OF CERTIFICATION PERIOD	LAST SET OF VOUCHERS
PRENATAL WOMEN	Duration of pregnancy and until six weeks postpartum	Last issue date before six weeks postpartum
BREASTFEEDING WOMEN	Six months and as long as still breastfeeding, up to one year postpartum	The month the infant turns one year old
POSTPARTUM, NON-NURSING WOMEN	Until six months postpartum	The month the infant turns six months old
INFANTS	Six months or	The 6th set of vouchers or
	Until twelve months old, if enrolled at five months of age or less	The month the infant turns eleven months old
CHILDREN	Six months or	The 6th set of vouchers or
	Until age five	The month the child turns five years old

CERTIFICATION PERIODS FOR INFANTS

INFANTS LESS THAN SIX MONTHS OF AGE AT ENROLLMENT HAVE EXTENDED CERTIFICATION PERIODS ENDING ON THE MONTH OF THEIR FIRST BIRTHDAY. MAKE SURE THESE INFANTS ARE PROVIDED WITH:

- QUARTERLY NUTRITION EDUCATION CONTACTS
- AVAILABLE AND CONTINUOUS HEALTH CARE SERVICES.

INFANTS SIX MONTHS OR OLDER AT ENROLLMENT HAVE STANDARD CERTIFICATION PERIODS ENDING NO LATER THAN SIX (6) MONTHS FROM THE CERTIFICATION DATE.

CERTIFICATION PERIODS

Base the length of the certification period on the infants's age at initial enrollment.

- Infants under 6 months of age will be certified until they are 12 months of age. Example:

  Date of birth: 1/20/90
  Date of certification: 2/4/90 (infant less than 6 months of age)
  Repeat certification due: 1/20/91 (month infant turns 12 months)

- Infants 6 months of age and older will be certified for a six month period. Examples:

  Date of birth: 1/20/90
  Date of certification: 7/6/90 (month infant turns 6 months)
  Repeat certification due: 1/6/90 (6 months from date of certification)

  Date of birth: 1/20/90
  Date of certification: 11/24/90 (month infant turns 10 months)
  Repeat certification due: 5/24/91 (6 months from date of certification)

AFTER THE INITIAL EXTENDED CERTIFICATION PERIOD, ALL REPEAT CERTIFICATIONS WILL OCCUR AT SIX (6) MONTH INTERVALS.

BLOODWORK

Bloodwork requirements for an infant are dependent on his/her age at initial certification. Bloodwork is also required for the first certification as a child even if the participant had bloodwork done as an infant. Examples:

	AGE AT 1ST CERT	BLOOD WORK?	AGE AT NEXT CERT	BLOOD WORK?	AGE AT NEXT CERT	BLOOD WORK?
EXTENDED CERT	0-5 months	No*	12 months	Yes	18 months	Yes**
STANDARD CERT	6-11 months	Yes	12-17 months	Yes	18-23 months	Yes**

* Although bloodwork is not required for infants between 0-5 months, results may be incorporated into follow-up contacts if already obtained by the participant.

** Bloodwork is not required if the previous results taken at 12 months of age or older were above the hematological risk criteria standards.

NUTRITION EDUCATION CONTACTS

Provide nutrition education contacts quarterly for infants with extended certification periods. Base the number of nutrition education contacts on the length of the certification period. Give all infants one nutrition education contact at the time of their initial certification and follow-up contacts as follows:

AGE AT ENROLLMENT	LENGTH OF CERTIFICATION PERIOD	NUMBER OF FOLLOW-UP CONTACTS
≤ 2 months	10-12 months	3
3 to 5 months	7 - 9 months	2
6 months or older	6 months	1

This is the minimum number of nutrition education contacts you must provide, although you may provide more if you wish.

For infants on extended certifications, at least one follow-up contact must be an individual appointment which includes a length/weight measurement.

WIC BENEFITS

WIC BENEFITS ARE SUPPLEMENTAL FOODS, NUTRITION EDUCATION, AND REFERRALS.

WIC SUPPLEMENTAL FOODS

WIC SUPPLEMENTAL FOODS ARE CHOSEN BECAUSE THEY CONTAIN SPECIFIC NUTRIENTS NEEDED BY THE WIC TARGET POPULATION.

FEDERAL REGULATION SETS STANDARDS FOR WIC FOODS BUT ALLOWS STATE WIC PROGRAMS TO SET MORE SPECIFIC STANDARDS.

THE WIC FOOD LIST IS REVIEWED ANNUALLY. AT THIS TIME, NEW FOODS MAY BE ADDED AND/OR EXISTING FOODS MAY BE OMITTED.

LOCAL WIC NUTRITIONISTS AND PARTICIPANTS PROVIDE INPUT ON THE ADDITION/ DELETION OF FOODS FOR USE IN THE WIC PROGRAM.

Within the guidelines specified by federal regulation, the state WIC agency has final approval of all foods and special formulas provided by WIC. The State WIC Nutritionist considers the following factors when selecting foods to be available on the Massachusetts WIC Program:

- o nutritional value
- o acceptability among participants
- o food safety
- o market availability
- o cost
- o marketing practices

NUTRITIONAL VALUE

WIC supplemental foods are selected because they contain specific nutrients needed during critical periods of growth - pregnancy, lactation, infancy and childhood:

WIC food	Nutrients provided
Milk	calcium, protein, vitamin D
Cheese	calcium, protein
Eggs	protein
Cereal	iron
Peanut butter	protein
Beans, peas	protein
Juice	vitamin C
Infant formula	iron, protein

Foods accepted for the WIC Program must meet nutrient standards as defined by the US Department of Agriculture and the state WIC office. The following chart lists the federal and state requirements for WIC foods.

	FEDERAL REGULATION	STATE REGULATION
FORMULA	o 10 mg of iron per liter (7.8 mg of iron per oz)	o Same
	o 20 kcal per fluid oz	o Same
INFANT CEREAL	o 45 mg of iron per 100 g dry cereal (12.8 mg of iron per oz)	o Same
	o No cereal/fruit or cereal/ formula combinations	o Same
INFANT JUICE	o 30 mg of vitamin C per 100 ml	o Same
WHOLE MILK	o 400 I.U. vitamin D per qt	o Same
	o Pasteurized milk	o Same
	o No flavored milk	o Same
		o Lactaid allowed
		o Calcimilk allowed
SKIM/LOWFAT MILK, BUTTERMILK	o 400 I.U. vitamin D per qt	o Same
	o 2000 I.U. vitamin A per qt	o Same
	o Pasteurized milk	o Same
	o No flavored milk	o Same
EVAPORATED OR DRY WHOLE MILK	o 400 I.U. vitamin D per qt	o Same
EVAPORATED OR DRY SKIM MILK	o 2000 I.U. vitamin A per qt	o Same
	o 400 I.U. vitamin D per qt	o Same

	FEDERAL REGULATION	STATE REGULATION
CHEESE	o Domestic cheese only	o Same
	o No cheese foods	o Same
	o No cheese products	o Same
		o No cheese spreads
ADULT CEREAL	o 28 mg of iron per 100 g dry cereal	o Same
	o Not more than 6 g of sucrose per oz	o Not more than 5 gms sucrose per oz
		o No cereals containing aspartame or non-nutritive sweeteners
FLUID JUICE	o 30 mg of vitamin C per 100 ml	o Same
		o 100% fruit juice
		o No combination juices
FROZEN JUICE	o 30 mg of vitamin C per 100 ml, reconstituted	o Same
		o 100% fruit juice
PEANUT BUTTER	o No Federal standards	o No peanut butter/jelly or peanut butter/marshmallow combinations
DRIED BEANS/PEAS	o No Federal standards	o No state standards
EGGS/DRIED EGG MIX	o No Federal standards	o Grade A Large
		o No dried egg mix

In addition to the regulations listed above, some restrictions apply which are indirectly related to nutritional value. For example, juice is not allowed in 46-ounce cans because of the ease with which a participant may confuse 100% juice with juice drinks or combinations (e.g., Hi-C, Juicy Juice, etc.). Welch's 100% grape juice in the 12-ounce frozen can is disallowed in Massachusetts because, although the product is WIC-eligible, the label is virtually identical to that of a similar Welch's product which is not eligible.

ACCEPTABILITY BY PARTICIPANTS

The WIC Program chooses foods that can be consumed by the majority of participants. Although palatibility, preparation time, and cultural appropriateness are considered, it is difficult to determine how participants will accept foods so local program nutritionists and participants are encouraged to contact the state office with feedback.

FOOD SAFETY

The WIC Program does not approve for use any food determined to be (or suspected of being) a health hazard as determined by the manufacturer, the US Food and Drug Administration, or the Massachusetts Food and Drug Program. Hazardous conditions include improper use of food additives, pesticides and other chemicals, and poor processing or packaging techniques. Foods already being distributed through the WIC Program are removed from the WIC-approved food list if they are found to be hazardous to health.

Foods selected for WIC must also have a reasonable shelf life to avoid the possibility of food becoming unsafe for consumption due to spoilage.

MARKET AVAILABILITY

WIC foods, both national and store brands, must be widely available in Massachusetts. Only foods which have been on the market at least one year are considered for use by WIC.

COST

Cost is another factor considered when choosing WIC foods. Higher-priced items may be disallowed if equally nutritious products are available at a lower cost. The following are restrictions on WIC foods based on cost:

Milk	-	store or least expensive brands
Cereal	-	no boxes smaller than 9 ounces
	-	no single-serving packets
Juice	-	frozen only (except homeless participants)
Cheese	-	no shredded, sticks or snack-packs
	-	no Swiss, Provolone or Brick
	-	no sliced prepackaged cheese (except for American)
	-	no packages smaller than 9 ounces
Beans/peas	-	packaged in bags only

MARKETING PRACTICES

Before a food item is selected for distribution by WIC, state staff determine that the manufacturer and/or distributor is dedicated to providing safe and adequate nutrition for all persons and complies with all applicable Massachusetts food delivery and nutrition policies in the areas of advertising and packaging/labeling:

Advertising

Advertising should:

- support sound nutrition practices
- comply with the WHO Code (formula manufacturers only)

Advertising should not:

- be misleading
- be directed to consumers (formula manufacturers only)
- suggest that breastmilk may be insufficient (formula manufacturers only)

Packaging/Labeling

The information on a WIC food or infant formula label must be:

- clear and conspicuous
- easily readable and understandable
- in an appropriate language
- be easily distinguishable from other non-WIC food items
- contain instructions for appropriate preparation, where necessary

In addition, infant formula labels must include:

- a list of ingredients used
- nutrient analysis
- storage conditions
- batch number and expiration date (frequently embossed on bottom of can)
- a statement of superiority of breastfeeding
- instructions to use product only on the advice of health care provider
- warning against hazards of incorrect preparation.

Infant formula labels must not include:

- picture of baby
- pictures or text idealizing the use of formula
- terms such as "humanized" or "maternalized"

See the following sections of the Procedure Manual for more information about the relationship between WIC and the infant formula industry: THE INFANT FORMULA INDUSTRY, WIC POLICY, ITEMS AND SERVICES PROVIDED BY THE FORMULA INDUSTRY, ITEMS AND SERVICES RELATED TO INFANT FEEDING, and ITEMS AND SERVICES NOT RELATED TO INFANT FEEDING. These sections are all under BREASTFEEDING PROMOTION AND SUPPORT in the PROGRAM ADMINISTRATION section of the Procedure Manual.

CHOOSING AND DOCUMENTING THE FOOD PACKAGE

THE COMPETENT PROFESSIONAL AUTHORITY (CPA) CHOOSES THE APPROPRIATE FOOD PACKAGE AFTER COMPLETING A NUTRITION ASSESSMENT AND DISCUSSING THE PARTICIPANT'S FOOD PREFERENCES.

THE FOOD PACKAGE TABLES

The "FOOD PACKAGE TABLES" booklet lists all available Massachusetts WIC food packages and indicates recommended packages for each participant type.

CHOOSING THE FOOD PACKAGE

The food package tailoring system allows you to tailor the recommended food packages by varying the type and/or quantity of milk, cheese, eggs and cereal in women's packages; milk, cheese, eggs, cereal and juice in children's packages; and formula in infants' packages.

Adjust the WIC food package to provide the supplemental foods which are most appropriate for each participant by:

1. Completing a nutrition assessment for the participant.

2. Determining the food package recommended for the participant's category and age group.

3. Evaluating the participant's needs and preferences in relation to the recommended package.

4. Tailoring up or down from the recommended amounts if necessary.

See the "FOOD PACKAGE TAILORING GUIDE" for complete instructions on how to:

- tailor up or down from recommended packages
- document food packages in the participant record
- determine the nutrient composition of a recommended food package
- determine the number of weekly and daily servings for foods in the recommended packages.

DOCUMENTING THE FOOD PACKAGE

Document your rationale for all food package assignments. Make sure all participant records have up-to-date documentation supporting the most recent food package assignment.

The majority of risks listed in the Nutritional Risk Criteria can be used as justification for a food package assignment. Identify the risk(s) of a participant, decide on the food package which seems best suited to help improve these risks, then document your reason for choosing the package. For participants with multiple risks, document the risk(s) most relevant to the food package assignment. Some examples are:

- low protein intake
- dislikes fruit juice
- unwilling to ↑ dairy
- no refrigeration
- lactose-intolerance
- poor water supply (for ready-to-feed)
- mom can't mix formula (for ready-to-feed)
- infant's formula intake
- low Hgb
- ≤19 years old
- physician's note
- allergic to eggs
- G.I. disturbances
- underweight
- cultural preference
- dislikes cereal

At Certification and Recertification

1. Write the food package rationale in the SOAP NOTE.

   S (Subjective) Include statements made by the participant, parent or caretaker pertaining to the food package assignment, such as food preferences and dislikes.

   A (Assessment) Include evaluation information relating to the food package assignment, such as:

   - abnormal weight/height measurements
   - abnormal pattern of weight gain
   - weight loss, no increase in height
   - abnormal lab values
   - conditions that predispose to nutritional risk
   - medical or nutritional concerns
   - birth outcome
   - inadequate food intake
   - willingness to change eating behavior
   - limited cooking/food storage facilities

   Do not restate food package information noted in the "S" section of the SOAP note.

2. Record your documentation in the "Tailoring rationale" space on the certification form.

At Mid-Certification

Write the food package rationale in the progress note, on a flow sheet, or on a designated follow up form for mid-certification food package changes. Include subjective and assessment information pertaining to the food package assignment. (See previous page for how to write the food package rationale).

See the following pages for examples of tailoring documentation.

Massachusetts WIC Program

CERTIFICATION FORM

PREGNANT WOMEN

ID#

Name Stephanie Antunes

Date of Birth 11·14·66 Age 21 1/2

Health Care Charles Clinic

Primary Language Port. Race

EDC 3·3·89 Wks. Gestation At Cert. 10 Trimester At Cert. 1

Infant Feeding Preference:

Breast___ Bottle___ Both___ Undecided ✓

Prev. Infant Feeding Prac. N/A

S: N/V all day
8-10 cups coffee or soda daily
"hate eggs and cheese"

O: G 1 P 0 AB 0 Current Wt. 117#
Ht. 5'8" Pregravid Wt. 115#
Hct. 30.1 Hgb. 11.0 Date 8·1·88

A: Pregravid wt < NL
Present wt gain < PN wt. gain grid
Hct < NL
diet < calories, < PRO
excessive caffeine intake
Prenatal vits 1x/day

Tailoring Rationale low wt. gain / food dislikes Food Pkg. 161

P: ✓ Prenatal Diet ___ High wt.gain ___ Low Wt. Gain ✓ Low HCT ___ Nausea
___ Constipation ___ Heartburn ___ Smoking ___ Drug Abuse ___ Breastfdg. ___ Infant Fdg.
___ Labor & Delivery ___ Vit/Min.Supp. ___ Therapeutic Diet
✓ Other Substitute juice, milk and caffeine-free soda for caffeine containing beverages.
wt. and diet ✓ at follow-up.

Referral Healthy Start

Certified? Yes ✓ No ___ Priority 1AX Pick up Date 13

Reason wt gain below MA WIC Prenatal wt Gain Grid

Date of Certification 8·1·88 Signature S. Beck, Nutritionist

Second Contact: Date Offered _____ N/S Initials _____
Topic/Progress Note
___ Diet ___ High wt. gain ___ Low wt. gain ___ Low Iron Blood ___ Nausea ___ Constipation
___ Heartburn ___ Smoking ___ Drug Abuse ___ Breastfdg. ___ Infant fdg. ___ Labor & Delivery
___ Therapeutic Diet ___ Other

Mass. WIC 1/88
WIC Form #9

Massachusetts WIC Program

CERTIFICATION FORM

INFANTS – Birth to 12 Months

Name James Gusto Sex: M ✓ F ID#

Parent or Guardian Miriam Date of Birth 6.15.88 Age (Today) 2 mos

Health Care Parker Clinic Birth Weight 7#6oz Birth Length 19 3/4"

Primary Language Engl. Race ____ Gestational Age FT

Mother on WIC? Prenatal — Postpartum — Infant Feeding: Breast__ Bottle__ Both ✓

S: Infant refuses to take formula, "wants only juice and a little breastmilk!" Infant lives with mother in a local shelter.

O: MEASUREMENTS Date 8.15.88
Age a/o Measurement 2 Months 0 Wks
Weight 10#8oz. Length 22 1/2"
Weight/Age %ile 25-50 Length/Age %ile 25-50
Weight/Length %ile 25-50

LAB (6 months and older)
Hct. ____ Date ____
Hgb. ____ Date ____
FEP ____ Date ____
Pb ____ Date ____
OTHER ____

A:
- no reported GI problems
- diet ↓ calories, ↓ protein, ↓ iron
- excessive juice intake, inadequate milk intake
- household water supply limited
- mother willing to d/c juice and ↑ breast and formula feedings: poor diet, no household H_2O

Tailoring Rationale ____

Food Pkg. 216

P: ✓ Infant Diet ___ Formula fdg. ___ Breastfdg. ___ Introduction of Solids ___ Weaning
___ NBS/Cup ___ Making Baby Food ___ Vit/Min Supp. ___ Self fdg. ___ Growth charts
___ Other ____

F.u. in a few days with 24° recall.

Referral ____

Certified? Yes ✓ No ___ Priority 4AX Pick up Date 20 Mother Assessed? Yes__ No ✓

Reason Diet low in total calories.

Date of Certification 8.15.88 Date of Assessment 8.15.88

Date 1st vouchers (WIC Infant) 8.15.88 Signature S. Beck, Nutritionist

Second Contact: Date Offered ____ N/S Initials ____
Topic Progress Note

Third Contact: Date Offered ____ N/S Initials ____
Topic Progress Note

Mass. WIC 1/88
WIC Form #56

Massachusetts WIC Program

CERTIFICATION FORM

ID#

CHILDREN - 1 to 5 Years

Name Andrea St.Germaine Date of Birth 8.8.87 Age (Today) 1yo
Parent or Guardian Maria Sex: M___ F✓
Health Care B.St. Clinic Primary Language Hait Race ___

S:
Mother states child is picky eater.
hates milk, loves eggs.
weaning from bottle.

O: [MEASUREMENTS] Date 8.8.88
Age a/o Measurement 1yo
Weight 18#12oz Height 28½"
Weight/Age %ile 5-10% Height/Age %ile 5-10%
Weight/Height %ile 10-25%

[LAB] Hct. 35.5 Date 8.8.88
Hgb. ___ Date ___
FEP ___ Date ___
Pb ___ Date ___
OTHER ___

A:
WT/age <NL
HT/age <NL
Diet seems < 3 proteins, <2 fruits, <Fe
Slow intro. of table foods
PMH - low HCT

Tailoring Rationale <WT, <HT, < Protein and Fe Food Package 375

P: Topics discussed/plan:
___Preschool Nutr. ___Overwt. ✓Underwt. ___Low Iron Blood ___Lead Poisoning
___NBS ___Dental Care ___Picky Eater ___Pica ___Self fdg. ___Healthy Snacks
✓Table Foods ___Therapeutic Diet
✓Other evap./dry milk-based recipes

F.u. in 2 weeks with WT✓ and 24° recall.

Referral ___

Certified? Yes ✓ No ___ Priority 3BX Pick up Date 01
Reason HT/age 5-10%
Date of Certification 8.8.88 Signature S. Beck, CPA

Second Contact: Date Offered/Scheduled ___ N/S Initials ___
Topic/Progress Note

Mass. WIC 12/87
WIC Form #59

Massachusetts WIC Program

CERTIFICATION FORM

ID#

CHILDREN - 1 to 5 Years

Name Win Chian
Parent or Guardian Sin
Health Care Dr. Roberts

Date of Birth 11.5.84 Age (Today) 3½yo
Sex: M___ F ✓
Primary Language Chinese Race ___

S: dislikes milk
eats tofu and cheese daily
attends Head Start

O: MEASUREMENTS Date 5.5.88
Age a/o Measurement 3½ yo
Weight 35# Height 40½"
Weight/Age %ile 50-75 Height/Age %ile 90
Weight/Height %ile 25-50

LAB Hct. 33.3 Date 5.5.88
Hgb. ___ Date ___
FEP ___ Date ___
Pb ___ Date ___
OTHER ___

A: Hct: <NL
diet seems < 2 grains, < Fe
daily multiple vitamin ē Fet

Tailoring Rationale <Hct, <Fe intake, dislikes milk

Food Package 301

P: Topics discussed/plan:
___Preschool Nutr. ___Overwt. ___Underwt. ✓Low Iron Blood ___Lead Poisoning
___NBS ___Dental Care ___Picky Eater ___Pica ___Self fdg. ___Healthy Snacks
___Table Foods ___Therapeutic Diet
✓Other protein needs

Referral dentist

Certified? Yes ✓ No ___ Priority 3CX Pick up Date 10
Reason Hct 33.1% to 34.0%
Date of Certification 5.6.88 Signature S. Beck CPA

Second Contact: Date Offered/Scheduled ___ N/S Initials ___
Topic/Progress Note

Mass. WIC 12/87
WIC Form #59

Massachusetts WIC Program

CERTIFICATION FORM

ID#

CHILDREN - 1 to 5 Years

Name GEORGIE BENNETT Date of Birth 11·1·86 Age (Today) 2½ YO

Parent or Guardian LISA Sex: M ✓ F ___

Health Care HARVARD RD. Primary Language EPGL Race ___

S: MOH STATES:
- VERY HYPERACTIVE CHILD"
APPETITE OK - DISLIKES FRUIT JUICES, LIKES CEREALS.
LIVES WITH 2 BROTHERS, MOTHER + GRANDMOM.

O: MEASUREMENTS Date 5·1·89
Age a/o Measurement 2½ YO
Weight 30# 8 oz Height 36"
Weight/Age %ile 50-75 Height/Age %ile 25-50
Weight/Height %ile 50-75

LAB Hct. ___ Date ___
Hgb. ___ Date ___
FEP 30 Date 5·1·89
Pb ___ Date ___
OTHER ___

A: FEP - WDL
ANTHROPOMETRICS - WDL
DIET ADEQUATE - VIT. C FROM JUICE-WIC SOURCES
TODD LG. CAVITIES AS DOCUMENTED BY D.MD

Tailoring Rationale DISLIKES WIC JUICES

Food Package 380

P: Topics discussed/plan:
✓ Preschool Nutr. ___ Overwt. ___ Underwt. ___ Low Iron Blood ___ Lead Poisoning
___ NBS ___ Dental Care ___ Picky Eater ___ Pica ___ Self fdg. ___ Healthy Snacks
___ Table Foods ___ Therapeutic Diet
✓ Other DENTAL CARE

Referral ___

Certified? Yes ✓ No ___ Priority 3C Pick up Date 01

Reason POOR ORAL HEALTH

Date of Certification 5·1·89 Signature J. Beale, NUTRITIONIST

Second Contact: Date Offered/Scheduled ___ N/S Initials ___
Topic/Progress Note

Mass. WIC 12/87
WIC Form #59

AUTOMATIC FOOD PACKAGE CHANGES

FOOD PACKAGE CHANGES FOR INFANTS AT 5 MONTHS AND 1 YEAR ARE DONE AUTOMATICALLY BY THE WIC COMPUTER.

There are two food package changes that are done automatically by computer, based on the participant's age.

A. Infants At Five Months

All infants turning 5 months old, including infants on special needs packages, will automatically have infant cereal and juice added to their food package in the month they turn 5 months old.

B. Infants At One Year

All infants turning one year old, including infants on special needs packages, will automatically have their food package changed to a package 322. This package is one of the three recommended food packages for 1-3 year olds, and contains 17 quarts of milk and 1 pound of cheese.

CHANGES NOT MADE BY THE COMPUTER

** If you enroll an infant in the month s/he turns 4 months old or after the computer cutoff date in the month s/he turns 3 months old, you must enter a food package for a 5 month old on the input form.

** If you enroll an infant in the month s/he turns 11 months old or after the computer cutoff date in the month s/he turns 10 months old, you must enter a food package for a one year old on the input form.

THE COMPUTER WILL NOT AUTOMATICALLY UPDATE PACKAGES FOR THESE INFANTS.

STANDARD FORMULAS

STANDARD FORMULAS ARE ENFAMIL WITH IRON AND PROSOBEE. THESE ARE THE ONLY FORMULAS YOU MAY ISSUE WITHOUT A PRESCRIPTION.

ISSUE ENFAMIL WITH IRON OR PROSOBEE UNLESS THE PARTICIPANT HAS A DOCUMENTED, DEMONSTRATED NEED FOR A PRESCRIPTION FORMULA.

Enfamil With Iron and Prosobee are the formulas routinely issued by WIC to infants in Massachusetts. This is because the Massachusetts WIC Program has contracted with Mead Johnson Nutritionals in an infant formula rebate system to be reimbursed for these formulas.

Issue Enfamil With Iron or Prosobee unless the infant has a documented, demonstrated need for a different standard brand (Nursoy, Isomil, SMA With Iron or Similac With Iron), a low-iron formula, a milk package, or a special metabolic formula.

IF INTOLERANCE/ALLERGY TO ENFAMIL WITH IRON OR PROSOBEE IS REPORTED

See the Massachusetts WIC "Formula Intolerance Checklist" for complete procedures for assessing formula intolerance. Briefly:

- Document the symptoms in the participant record.
- Determine whether the symptoms may be due to feeding, preparation or storage problems. If they seem to be, provide appropriate counseling and suggest continued use of the standard contract formula with consultation with physician.
- If the symptoms appear to be due to a true intolerance and the infant is on Enfamil With Iron, try switching to Prosobee with physician's consent. If symptoms are severe and challenge with Prosobee is inappropriate, obtain the necessary documentation for issuance of a prescription formula.

If a participant or her/his physician requests a change back to Enfamil with Iron or Prosobee, document the request in the participant record and issue the appropriate formula package.

See APPROVAL FOR PRESCRIPTION FORMULAS section for more information.

PRESCRIPTION FORMULAS

PRESCRIPTION FORMULAS ARE FORMULAS REQUIRING A REQUEST FOR ISSUANCE FROM A PHYSICIAN OR NURSE PRACTITIONER. THERE ARE TWO CATEGORIES OF PRESCRIPTION FORMULAS:

- STANDARD PRESCRIPTION FORMULAS
  - Non-contract iron-fortified formulas

- SPECIAL PRESCRIPTION FORMULAS
  - All low-iron formulas
  - Milk packages for infants
  - Nutramigen, Portagen and Pregestimil
  - Other special/metabolic formulas.

ISSUE PRESCRIPTION FORMULAS ONLY TO PARTICIPANTS HAVING A DOCUMENTED, DEMONSTRATED NEED.

OBTAIN A WRITTEN REQUEST FROM THE PARTICIPANT'S PHYSICIAN OR NURSE PRACTITIONER BEFORE ISSUING ANY PRESCRIPTION FORMULA. DO NOT ACCEPT REQUESTS FROM REGISTERED NURSES, PHYSICIAN'S ASSISTANTS OR NUTRITIONISTS.

Prescription formulas are formulas designed to meet special nutritional needs. WIC prescription formulas require a written prescription from a physician or nurse practitioner prior to issuance, and include but are not limited to iron-fortified formulas not covered in the infant formula rebate system, all low-iron formulas, whole cow's milk or evaporated milk for infants, Nutramigen, Portagen, Pregestimil, and all other metabolic and specialized formulas.

The FORMULAS AVAILABLE FROM THE MASSACHUSETTS WIC PROGRAM booklet lists all the special prescription formulas available from the WIC Program, along with the following information about each formula: manufacturer, size of can/box/packet, amount reconstituted, price, amount provided by the WIC food package, composition, and indications for use. The booklet also contains a list of formulas not provided by Massachusetts WIC, and the reasons they are not available.

The state WIC office monitors issuance rates for all prescription formulas. Tracking these rates allows the state agency to 1) make projections regarding savings derived from the rebate system, and (2) identify possible overuse of special and non-contract formulas at local programs. The state office will provide technical assistance to programs with consistently high issuance rates for these formulas.

DESCRIPTION

WIC prescription formulas are divided into two categories: standard prescription formulas and special prescription formulas.

Standard Prescription Formulas

Standard prescription formulas are iron-fortified formulas that are not included under the WIC infant formula rebate system: Similac With Iron, Isomil, SMA With Iron, and Nursoy. These formulas are classified as "standard" prescription formulas because they are designed to provide nutrition for "normal, healthy infants" and they are essentially the same as the standard contracted brands. However, they may only be issued when the participant cannot tolerate Enfamil With Iron or Prosobee AND the intolerance is documented by a physician or nurse practitioner.

Special Prescription Formulas

Special prescription formulas are formulas for infants with a nutrition-related disease or an intolerance or allergy to regular (iron-fortified) formula. Special prescription formulas include:

- All low-iron formulas
- Whole cow's milk or evaporated milk for infants (6 months or older only)
- Nutramigen, Portagen and Pregestimil
- Other special/metabolic formulas

NOTE: Non-contract formulas are not available in concentrate, even if requested by a physician or nurse practitioner. Ready-to-feed forms of non-contract formulas are available in special cases. See READY-TO-FEED section for more information.

BEFORE ISSUING PRESCRIPTION FORMULAS

Before issuing any prescription formula, make sure that:

o The participant has a documented medical condition which might be severely aggravated by use of Enfamil With Iron or Prosobee, including GI problems, failure to thrive, a medical condition resulting from prematurity, organic heart disease, etc.

AND

o The participant's physician or nurse practitioner has completed a WIC Prescription Formula form. Do not accept requests for prescription formula submitted on a Medical Referral Form or a non-personalized prescription pad.

Note: Requests for low-iron formula and whole cow's milk may be submitted on the physician's stationery or personalized prescription pad.

APPROVAL FOR PRESCRIPTION FORMULAS

OBTAIN A WRITTEN REQUEST FROM THE PARTICIPANT'S PHYSICIAN OR NURSE PRACTITIONER BEFORE ISSUING ANY PRESCRIPTION FORMULA.

DOCUMENT ALL REQUESTS FOR SPECIAL FORMULAS ON THE WIC PRESCRIPTION FORMULA FORM.

USING THE WIC PRESCRIPTION FORMULA FORM

Use the WIC Prescription Formula (PF) form to document all prescription formula requests. With the exception of "prescribed length of issuance" for allergy/intolerance, the following information must be obtained from the physician or nurse practitioner and documented on the PF form prior to issuance of a prescription formula:

- participant's name
- participant's date of birth
- prescription formula requested
- reason for issuance of formula or milk package
- prescribed length of issuance (for intolerance/allergy only)
- signature of physician/nurse practitioner
- date of prescription

The Prescription Formulas form provides a checklist of possible reasons for issuance of a prescription formula package, as follows:

- o SPECIFIC DISEASE ENTITIES This category includes those medical conditions which are chronic and severe, including cystic fibrosis, failure to thrive, celiac disease, medical conditions resulting from prematurity, P.K.U., liver disease, and organic heart disease. The physician or nurse practitioner must indicate the condition for which the special formula is prescribed.

- o INTOLERANCE OR ALLERGY TO ENFAMIL WITH IRON OR PROSOBEE This category includes more transient medical problems such as diarrhea, vomiting, eczema, uticaria, congestion, wheezing, coughing, chronic runny nose, colicky abdominal pain, and anaphylactic shock. According to recent literature, only 1-2% of all infants develop a true allergy to cow's milk protein or soy protein in formula. Prescription formulas may not be prescribed for non-specific symptoms such as fussiness, colicky behavior, spitting up, etc. The physician or nurse practitioner must indicate the presenting symptoms and may indicate prescribed length of issuance for an alternate formula. Intolerances are usually transient and warrant only temporary use of a prescription formula.

- NEED FOR LOW-IRON FORMULA Low-iron Enfamil will be provided unless medical circumstances warrant otherwise. Assess on a case-by-case basis.

  See LOW-IRON FORMULA section for more information.

- NEED FOR WHOLE COW'S MILK May be issued only to infants 6 months or older. Assess on a case-by-case basis.

  See section on MILK FOR INFANTS for more information.

TRACKING OF REQUESTS

Prescription Formulas forms are printed on NCR paper. Keep originals and send carbon copies to the state agency. Make sure each PF form has your program stamp on it before you batch them, and complete a Prescription Formulas Log for each batch you send. Mail PF forms and logs to the state office weekly, along with your input forms.

See pages 4 and 5 of this section for samples of a completed PF form and log.

PHONE APPROVALS

Prescription formulas may be approved over the phone.

- Complete a PF form using the verbal information provided by the physician/nurse practitioner. Explain to the caretaker/participant that you must have the physician/nurse practitioner's written prescription before you can issue a second set of vouchers for a prescription formula (i.e., within one month).

- If the participant comes in for the second set of vouchers and you have not received the necessary documentation, contact the physician/nurse practitioner and ask that s/he send it as soon as possible. In the meantime, offer the participant a standard food package until the written prescription arrives.

RENEWAL OF PRESCRIPTION FORMULAS

A new PF form must be completed at each certification for:

- Participants with failure-to-thrive and medical conditions resulting from premature birth
- Infants on low-iron formula (most infants on low-iron formula can begin to tolerate iron-fortified formula within 1-2 months)
- For participants with allergy or intolerance, a new PF form must be submitted after the prescribed length of issuance has expired or at repeat certification, which ever comes first. This includes infants on the 10-month certification period. If symptoms have subsided and the participant requests it, contact the physician/nurse practitioner to reassess the participant's need for a prescription formula.

The following participants do NOT need a new PF form at recertification:

- Infants 6 months and older on whole cow's milk or evaporated milk, since these infants will automatically receive whole cow's milk when they turn 1 year old.
- Participants with specific disease entities warranting long term use of a special formula. In these cases, the prescription is considered an outstanding order.

DISTRIBUTION OF PRESCRIPTION FORMULA FORMS

Give Prescription Formula forms to health care providers or participants who request them. You may provide a limited number of blank forms (3-5) to health centers, hospitals or other agencies serving the WIC population if you wish, but in general only WIC programs should be stocking PF forms.

WIC PRESCRIPTION FORMULAS

Return to:

Springhill WIC
89 Oak Drive
Willowton, MA 02021

(Agency stamp)

Muriel Gilles
Patient's Name

7·1·89
Birthdate

SHA
Prescribed Formula

8·5·89
Date

REASON FOR ISSUANCE (Check one):

☐ ***SPECIFIC DISEASE ENTITIES*** including but not limited to (circle one):

Cystic fibrosis, celiac disease, P.K.U., liver disease, organic heart disease, FTT, medical condition resulting from prematurity.

Other: _____

☑ ***INTOLERANCE OR ALLERGY TO ENFAMIL WITH IRON OR PROSOBEE***

- Presenting symptoms (circle all that apply):

Diarrhea, vomiting, eczema, urticaria, congestion, wheezing, coughing, chronic runny nose, colicky abdominal pain, anaphylactic shock.

- Prescribed length of issuance: _____

A recent literature review supports a rechallenging of infants within 1 to 2 months or when symptoms subside, whichever comes first; therefore, infants may be rechallenged with Enfamil With Iron or Prosobee.

☐ ***NEED FOR LOW IRON FORMULA***

Low-iron Enfamil will be provided unless medical circumstances warrant otherwise.

☐ ***NEED FOR WHOLE COW'S/EVAPORATED MILK FOR INFANTS*** (6 months or older only)

The Massachusetts WIC Program supports the American Academy of Pediatrics policy recommending the use of iron-fortified formula for all non-breastfed infants during the first year of life.

S. Johnson, MD.
Signature of Physician

Sara Johnson. MD.
Name (please print)

111 558-2101
Area Code Telephone

Please submit both pages to your local WIC Program

(White) Local Program Copy (Yellow) State Office Copy

DOCUMENTING PRESCRIPTION FORMULAS IN THE PARTICIPANT RECORD

DOCUMENT THE ISSUANCE OF ALL PRESCRIPTION FORMULAS IN THE PARTICIPANT'S RECORD.

Complete documentation for prescription formulas includes:

- The WIC Prescription Formulas form (completed by the physician)
- Indication in the participant's SOAP note of the reason for issuance, including signs and symptoms.
- Appropriate Nutritionist or CPA signature.

  Reminder: infants with a food intolerance/allergy and children with an allergy should be seen by a Nutritionist. Children with an intolerance could be seen by a certified CPA I or II.

SAMPLE

WIC PRESCRIPTION FORMULAS

Return to: Local agency name + address (Agency stamp)

Tina Simca
Patient's Name

5/2/90
Birthdate

Isomil
Prescribed Formula

8/17/90
Date

ALL PRESCRIPTION FORMULAS (all formulas other than Enfamil With Iron and Prosobee) ARE AVAILABLE IN POWDERED FORM ONLY.

REASON FOR ISSUANCE (Check one):

☐ ***SPECIFIC DISEASE ENTITIES*** including but not limited to (circle one):

Cystic fibrosis, celiac disease, P.K.U., liver disease, organic heart disease, FTT, medical condition resulting from prematurity.

Other: _____

☒ ***INTOLERANCE OR ALLERGY TO ENFAMIL WITH IRON OR PROSOBEE***

- PRESENTING SYMPTOMS (circle all that apply):

Diarrhea, ~~vomiting, eczema, urticaria,~~ congestion, wheezing, coughing, chronic runny nose, colicky abdominal pain, ~~anaphylactic shock.~~

- PRESCRIBED LENGTH OF ISSUANCE: N/A -

A recent literature review supports a rechallenging of infants within 1 to 2 months or when symptoms subside, whichever comes first.

☐ ***NEED FOR LOW IRON FORMULA***

Low-iron Enfamil will be provided unless medical circumstances warrant otherwise.

☐ ***NEED FOR WHOLE COW'S/EVAPORATED MILK FOR INFANTS*** (6 months or older only)

The Massachusetts WIC Program supports the American Academy of Pediatrics policy recommending the use of iron-fortified formula for all non-breastfed infants during the first year of life.

Signature of Physician

S. Anderson, M.D.
Name (please print)

508 777-7700
Area Code Telephone

ISSUING PRESCRIPTION FORMULAS

PRE-PRINTED PACKAGES ARE AVAILABLE FOR ALL PRESCRIPTION FORMULAS EXCEPT SPECIAL METABOLIC FORMULAS. SPECIAL METABOLIC FORMULA PACKAGES MUST BE HAND-WRITTED ON A PACKAGE 699.

STANDARD PRESCRIPTION FORMULAS

Pre-printed voucher packages are available for standard prescription formulas. See the "Special Needs" section of the food package tables for standard formula packages (Similac With Iron, Isomil, SMA With Iron, Nursoy) for infants and women/children.

SPECIAL PRESCRIPTION FORMULAS

Pre-Printed

Pre-printed voucher packages are available for the following special prescription formula packages:

- whole cow's milk and evaporated milk for infants (6 months or older)
- low-iron formulas for infants
- Nutramigen, Portagen and Pregestimil
- iron-fortified and low-iron infant formulas for women and children.

Special Metabolic Formulas

Packages for special metabolic formulas are not pre-printed and must be written on a package 699.

1. See the Special Prescription Formula Packages listing (pp. 4-7 of this section) for the number of vouchers in each package and the food messages for each voucher type. Write out the vouchers.

2. Determine the pharmacy where the participant will buy the formula.

3. Call the pharmacy and notify the manager or pharmacist what formula is needed and in what quantity. Give the manager the participant's name.

4. If the formula is not currently in stock, find out when it will be available. Vendor contracts with pharmacies require that prescription formula be made available within 48 hours from the time of the order.

5. Inform the manager that if the cost of the voucher exceeds $30.00, s/he must send it directly to the following address for reimbursement:

   State WIC Office
   Attn: Vendor Compliance Assistant
   150 Tremont St., 3rd Floor
   Boston, MA 02116

   Remind the manager to use the vendor stamp before sending the vouchers, and to enclose the store name and mailing address.

VOUCHER PICKUP SCHEDULING

Schedule Monthly

- Participants receiving prescription formulas for intolerance or allergy. This will allow you to closely monitor tolerance and to rechallenge with Enfamil With Iron or Prosobee as soon as possible.

- Participants for whom you have gotten phone approval for 1 month. Once you have received the physician's prescription, you can switch these participants to the bimonthly system, if appropriate.

- Infants in programs providing preliminary certifications for infants. This will allow for completion of the certification process the following month. Thereafter, these infants may be put onto the bimonthly system, if appropriate.

Schedule Bi-Monthly

- Infants on whole cow's milk or evaporated milk.

- Participants requiring long-term use of any prescription formula.

Massachusetts WIC Program

SPECIAL PRESCRIPTION FORMULA PACKAGES

October, 1989

SPECIAL PRESCRIPTION FORMULA PACKAGES

The following food packages are written with a manual package 699.

FORMULA	# OF VOUCHERS	VOUCHER MESSAGE
ADVANCE	3	ADVANCE: 8 (13 oz) cans concentrate
	1	ADVANCE: 7 (13 oz) cans concentrate
ALIMENTUM	1	ALIMENTUM: 7 (32 oz) cans ready-to-feed
	3	ALIMENTUM: 6 (32 oz) cans ready-to-feed
ANALOG MSUD	3	ANALOG MSUD: 10 (100 gm) cans powder [1 case]
	1	ANALOG MSUD: 6 (100 gm) cans powder
ANALOG XMET	3	ANALOG XMET: 10 (100 gm) cans powder [1 case]
	1	ANALOG XMET: 6 (100 gm) cans powder
ANALOG XMET,THRE,VAL,ISOLEU	3	ANALOG XMET,THRE,VAL,ISOLEU: 10 (100 gm) cans powder [1 case]
	1	ANALOG XMET,THRE,VAL,ISOLEU: 6 (100 gm) cans powder
ANALOG XP	3	ANALOG XP: 10 (100 gm) cans powder [1 case]
	1	ANALOG XP: 6 (100 gm) cans powder
ANALOG XPHEN,TYR	3	ANALOG XPHEN,TYR: 10 (100 gm) cans powder [1 case]
	1	ANALOG XPHEN,TYR: 6 (100 gm) cans powder
ANALOG XPHEN,TYR,MET	3	ANALOG XPHEN,TYR,MET: 10 (100 gm) cans powder [1 case]
	1	ANALOG XPHEN,TYR,MET: 6 (100 gm) cans powder
CASEC PROTEIN SUPPLEMENT	1	CASEC PROTEIN SUPPLEMENT: 10 (2.5 oz) cans powder
	1	CASEC PROTEIN SUPPLEMENT: 9 (2.5 oz) cans powder
ENFAMIL PREMATURE FORMULA	1	ENFAMIL PREMATURE FORMULA: 51 (4 oz) cans ready-to-feed [1 case + 3 cans]
	3	ENFAMIL PREMATURE FORMULA: 50 (4 oz) cans ready-to-feed [1 case + 2 cans]
ENRICH	1	ENRICH: 7 (32 oz) cans ready-to-feed
	3	ENRICH: 6 (32 oz) cans ready-to-feed
ENSURE	1	ENSURE: 7 (14 oz) cans powder
	1	ENSURE: 6 (14 oz) cans powder

SPECIAL PRESCRIPTION FORMULA PACKAGES, p. 2

The following food packages are written with a manual package 699.

FORMULA	# OF VOUCHERS	VOUCHER MESSAGE
ENSURE PLUS	1	ENSURE PLUS: 7 (32 oz) cans ready-to-feed
	3	ENSURE PLUS: 6 (32 oz) cans ready-to-feed
HIST-1	1	HIST-1: 4 (500 gm) cans powder [2 cases]
HIST-2	1	HIST-2: 4 (500 gm) cans powder [2 cases]
HOM-1	1	HOM-1: 4 (500 gm) cans powder [2 cases]
HOM-2	1	HOM-2: 4 (500 gm) cans powder [2 cases]
ISOCAL	1	ISOCAL: 7 (32 oz) cans ready-to-feed
	3	ISOCAL: 6 (32 oz) cans ready-to-feed
LOFENALAC	2	LOFENALAC: 4 (1 lb) cans powder
LYS-1	1	LYS-1: 4 (500 gm) cans powder [2 cases]
LYS-2	1	LYS-2: 4 (500 gm) cans powder [2 cases]
MAXAMAID MSUD	1	MAXAMAID MSUD: 10 (200 gm) cans powder [1 case]
	1	MAXAMAID MSUD: 8 (200 gm) cans powder
MAXAMAID XMET	1	MAXAMAID XMET: 10 (200 gm) cans powder [1 case]
	1	MAXAMAID XMET: 8 (200 gm) cans powder
MAXAMAID XMET,THRE,VAL,ISOLEU	1	MAXAMAID XMET,THRE,VAL, ISOLEU: 10 (200 gm) cans powder [1 case]
	1	MAXAMAID XMET,THRE,VAL, ISOLEU: 8 (200 gm) cans powder
MAXAMAID XP	1	MAXAMAID XP: 10 (200 gm) cans powder [1 case]
	1	MAXAMAID XP: 8 (200 gm) cans powder
MAXAMAID XPHEN,TYR	1	MAXAMAID XPHEN, TYR: 10 (200 gm) cans powder [1 case]
	1	MAXAMAID XPHEN, TYR: 8 (200 gm) cans powder
MAXAMUM MSUD	1	MAXAMAID MSUD: 10 (200 gm) cans powder [1 case]
	1	MAXAMAID MSUD: 8 (200 gm) cans powder

SPECIAL PRESCRIPTION FORMULA PACKAGES, p. 3

The following food packages are written with a manual package 699.

FORMULA	# OF VOUCHERS	VOUCHER MESSAGE
MAXAMUM XP	1	MAXAMUM XP: 10 (200 gm) cans powder [1 case]
	1	MAXAMUM XP: 8 (200 gm) cans powder
MEYENBERG EVAPORATED GOAT MILK	4	MEYENBERG EVAPORATED GOAT MILK: 8 (12.5 oz) cans
MSUD-1	1	MSUD-1: 5 (500 gm) cans powder [2 cases + 1 can]
MSUD-2	1	MSUD-2: 4 (500 gm) cans powder [2 cases]
MSUD DIET POWDER	1	MSUD DIET POWDER: 7 (1 lb) cans [1 case + 1 can]
OS-1	1	OS-1: 5 (500 gm) cans powder [2 cases + 1 can]
OS-2	1	OS-2: 4 (500 gm) cans powder [2 cases[
OSMOLITE	1	OSMOLITE: 7 (32 oz) ready-to-feed [1 case + 1 can]
	3	OSMOLITE: 6 (32 oz) cans ready-to-feed [1 case]
PEDIASURE	4	PEDIASURE: 25 (8 oz) cans ready-to-feed [1 case + 1 can]
PHENYL-FREE	1	PHENYL-FREE: 6 (1 lb) cans powder [1 case]
	1	PHENYL-FREE: 5 (1 lb) cans powder
PKU-1	1	PKU-1: 4 (500 gm) cans powder [2 cases]
PKU-2	1	PKU-2: 4 (500 gm) cans powder [2 cases]
PKU-3	1	PKU-3: 6 (500 gm) cans powder [3 cases]
PROMOD PROTEIN SUPPLEMENT	1	PROMOD PROTEIN SUPPLEMENT: 7 (9.7 oz) cans powder
PRODUCT 3232A	1	PRODUCT 3232A: 4 (1 lb) cans
RCF	3	RCF: 8 (13 oz) cans
	1	RCF: 7 (13 oz) cans
SIMILAC SPECIAL CARE	1	SIMILAC SPECIAL CARE: 51 (4 oz) cans ready-to-feed [1 case + 3 ca
	3	SIMILAC SPECIAL CARE: 50 (4 oz) cans ready-to-feed [1 case + 2 cans]

SPECIAL PRESCRIPTION FORMULA PACKAGES, p. 4

The following food packages are written with a manual package 699.

FORMULA	# OF VOUCHERS	VOUCHER MESSAGE
SUSTACAL	1	SUSTACAL: 2 (3.8 lb) cans powder
SUSTAGEN	2	SUSTAGEN: 2 (5 lb) cans powder
	1	SUSTAGEN: 1 (5 lb) can powder
TYR-1	1	TYR-1: 4 (500 gm) cans powder [2 cases]
TYR-2	1	TYR-2: 4 (500 gm) cans powder [2 cases]
UCD-1	1	UCD-1: 4 (500 gm) cans powder [2 cases]
UCD-2	1	UCD-2: 4 (500 gm) cans powder [2 cases]
VITAL	2	VITAL: 28 (2.79 oz) cans powder [1 case + 4 cans]
	1	VITAL: 24 (2.79 oz) cans powder [1 case]

MEDICAID REIMBURSEMENT OF SPECIAL FORMULAS

SOME SPECIAL FORMULAS PRESCRIBED BY A PHYSICIAN MAY BE REIMBURSED BY MEDICAID.

Medicaid provides for third party reimbursement for special formulas prescribed by a physician for the treatment of metabolic disorders, malabsorption syndromes, inborn errors of metabolism, and protein, fat and carbohydrate intolerances. Most WIC-approved formulas are reimbursable, as well as many formulas not available from WIC.

Reimbursement requests are approved on a case-by-case basis and most requests with sufficient medical documentation are approved. Processing time may vary from 2-3 weeks to 3 months, depending on the product requested and the completeness of the documentation provided. The prescription is good for a maximum of five refills or six months, whichever comes first, and new applications may be made for renewal of the formula before the current approval period expires.

If a participant is on Medicaid, have her/his physician submit a request for "prior approval" coverage of a special formula as soon as the need for the formula is apparent. Provide WIC-approved formula until Medicaid approval is received, and ask the participant at voucher pick-up whether her request has been approved. The procedure is as follows:

1. The participant's physician writes a letter to the Pharmacy Program using his/her own or the hospital's letterhead, requesting approval for payment of formula and including:

    - patient's name and address
    - patient's MassHealth number (this includes Medicaid)
    - brief medical history and diagnosis
    - statement of medical necessity
    - name and unit size of the formula
    - number of cans/packages needed per week/month
    - number of weeks/months the formula is needed
    - name and address of pharmacy to which the formula will be sent
    - physician's personal signature

2. S/he sends the letter to:

   Pharmacy Program - Prior Approvals
   Medical Division, Room 740
   Department of Public Welfare
   600 Washington Street
   Boston, MA 02111

3. When the Pharmacy Program approves coverage of the formula, they notify the physician of the date of issue and the date of expiration.

4. The physician writes a prescription for the formula and includes the special billing number given in the approval letter. The participant presents the prescription and her Medicaid number to the local pharmacy to obtain the formula.

Medicaid will reimburse for the total amount of formula needed by a participant. After Medicaid approval is obtained, cereal and juice packages may be provided to participants to supplement the formula.

READY-TO-FEED

ISSUE READY-TO-FEED FORMULA WHEN:

- A PARTICIPANT CANNOT PROPERLY PREPARE CONCENTRATED OR POWDERED FORMULA

  OR

- WATER SUPPLY IS UNSAFE.

IN BOTH CASES, ISSUE A CONTRACTED BRAND OF READY-TO-FEED, AND DOCUMENT REASON FOR ISSUANCE IN THE PARTICIPANT RECORD.

OBTAIN DOCUMENTATION OF UNSAFE WATER SUPPLY FROM YOUR LOCAL WATER DEPARTMENT AND KEEP ON FILE IN YOUR OFFICE.

Issue ready-to-feed formula only when:

1. A participant is unable to properly prepare concentrated or powdered formula due to a physical or mental impairment or lack of proper facilities for sterilization and refrigeration

   OR

2. You have requested and received state approval to use ready-to-feed due to an unsafe water supply.

INABILITY TO PREPARE CONCENTRATED OR POWDERED FORMULA

If a participant is unable to properly prepare concentrated or powdered formula due to physical or mental impairment or inadequate preparation facilities, issue ready-to-feed formula. Obtain CPA approval prior to issuance.

UNSAFE WATER SUPPLY

"Unsafe water supply" includes but is not limited to conditions of viral/bacterial contamination, the presence of organic contaminants, and high levels of sodium, lead, metals, etc. If you wish to issue ready-to-feed in the event of an unsafe water supply:

1. Obtain documentation from your local water department to verify the unsafe quality of the water.

2. Send a copy of this documentation to the state WIC office. The state office approves these requests on a case-by-case basis.

3. Keep a copy of the documentation in your program's files.

4. Check with the water department at least annually to determine if the water is safe for consumption.

   - If the water is still unsafe, ask for documentation and send a copy to the state office. Keep a copy in your files.

   - If the water is determined to be safe for consumption, go back to issuing formula in concentrate and powdered forms.

DOCUMENTATION IN THE PARTICIPANT RECORD

Whenever you issue ready-to-feed formula, document the reason for issuance in the SOAP note of the participant record.

FLUORIDE SUPPLEMENTS

Encourage all participants on ready-to-feed formula to consult their physician regarding the use of a fluoride supplement.

LOW-IRON FORMULA

ISSUE LOW-IRON FORMULA ONLY WHEN IT IS PRESCRIBED BY THE PARTICIPANT'S PHYSICIAN.

ISSUE THE CONTRACTED BRAND OF LOW-IRON FORMULA UNLESS THE PHYSICIAN DOCUMENTS THE NEED FOR A DIFFERENT BRAND.

Issue low-iron formula only when the participant's physician prescribes it.

- Obtain written documentation on the WIC Prescription Formula form or on the physician's personal stationery or prescription pad.
- Issue only the contract brand, unless the doctor documents the need for a non-contract brand.
- Counsel participants concerning the use of iron-rich foods, and encourage them to consult with their physicians regarding the use of an iron supplement.
- If no contraindications exist, encourage parents and caretakers to begin using iron-fortified formula when the infant is 5 months of age.

See the section on DOCUMENTING PRESCRIPTION FORMULAS IN THE PARTICIPANT RECORD in this Procedure Manual for instructions on documenting issuance of low-iron formulas.

MILK FOR INFANTS

DO NOT ISSUE WHOLE COW'S OR EVAPORATED MILKS TO INFANTS LESS THAN 6 MONTHS OF AGE.

ISSUE WHOLE COW'S OR EVAPORATED MILKS TO INFANTS ONLY WHEN PRESCRIBED IN WRITING BY THE PHYSICIAN.

ISSUE AMOUNTS OF MILK BASED ON THE NUTRITIONAL ADEQUACY OF THE INFANT'S DIET.

Issue whole cow's or evaporated milk to infants 6-12 months of age only when prescribed by a physician.

- Obtain written documentation on the WIC Prescription Formula form or on the physician's personal stationery or prescription pad.

- Issue amount of milk based on the nutritional adequacy of the infant's diet, and not on the request of the parent or caretaker. Assess the nutritional adequacy of the infant's diet based on the following criteria:

  - 15 mg iron/day as supplied by infant cereal or strained infant food

    Infant cereal = 1.8 mg iron per tablespoon
    Strained meat = 1.5 mg iron per jar
    Strained liver = 5.2 mg iron per jar
    Strained vegetables = 0.5-1.0 mg iron per jar

  - 35 mg vitamin C/day, as supplied by infant juices and fruits

    Infant juice = 35 mg vitamin C per 3.5-oz jar
    Strained fruit = 40 mg vitamin C per jar
    Orange juice = 35 mg vitamin C per 2 ounces

  - 200 grams of carbohydrate foods to balance the protein/fat of the whole cow's or evaporated milk (about 3/4 cup, or 1.5 jars of infant food)

  - 0.25 mg fluoride/day, as supplied by 4-6 ounces of fluoridated water.

- Encourage parents and caretakers to consult with their physicians regarding the use of an iron supplement.

See the section on DOCUMENTING PRESCRIPTION FORMULAS IN THE PARTICIPANT RECORD in this Procedure Manual for instructions on documenting whole cow's/evaporated milk for infants.

HOMELESS PACKAGES

CHOOSE AN APPROPRIATE FOOD PACKAGE BASED ON NUTRITIONAL STATUS AND AVAILABILITY OF FOOD STORAGE AND COOKING FACILITIES.

WIC participants who have lost their normal place of residence due to disaster or eviction or who are escaping from domestic violence may be living temporarily in an emergency shelter or hotel/motel and, in extreme cases, on the street, and therefore may not have available or acceptable cooking facilities, refrigeration, and storage areas. The WIC "homeless" packages have been developed to take into account the cooking and storage facilities available to the homeless participant.

Although the aim of any food package prescription is to provide the supplemental foods required by the participant to best meet individual nutritional needs, the types and amounts of foods in the homeless packages have been modified to assure that the foods can be safely stored and utilized. Basically, homeless food packages are divided into two categories:

- refrigeration only
- no stove or refrigeration.

Homeless participants who have access to refrigeration and cooking facilities may receive a regular package.

Document the need for a homeless package in the participant's record. Provide individual follow-up counseling in three months to assess whether the participant still needs a homeless package or may now be issued a standard one.

HOMELESS PACKAGES

Homeless packages include the following modifications:

- o eggs were eliminated for all homeless participants since both refrigeration and cooking facilities are required to use them.

- o peas/beans were eliminated for all homeless participants, since a stove is required to cook them.

- o for women and children with no refrigerator, evaporated and dry milks were substituted for fresh milk, and 5-oz cans of evaporated milk were added.

- o concentrated formula was eliminated for infants 0-4 months since a stove is needed for sterilization and refrigeration is required for storing the mixed formula.

- o for participants with no refrigerator, individual 6-oz cans of fluid juice were substituted for fresh and frozen juice in packages for women and children, and frozen juice was eliminated from infants' packages.

SPECIAL INSTRUCTIONS

Infants 0-4 Months

- o Encourage all women to breastfeed. This is the easiest and healthiest way to feed the infant, especially given the possible lack of refrigeration and facilities for the proper sterilization of bottles.

- o For formula-fed infants without refrigeration facilities, formula is available in powder. Instruct the caretaker on how to prepare one bottle of formula at a time.

- o For formula-fed infants without refrigeration or sterilization facilities, obtain approval from the State Nutrition Coordinator to issue 8-oz bottles of ready-to-feed. Instruct the parent/caretaker to discard all formula remaining in the bottle at the end of each feeding due to the potential for growth of harmful pathogens.

- o If access to a water source is limited, encourage the caretaker to use bottled water to mix powdered formula.

Infants 5-12 Months

- o Since 5-12 month-old infants do not require sterilized bottles or water, change all infants previously on ready-to-feed over to a powdered infant formula package.

- o Although federal regulations allow 6-12 month-old infants to receive whole cow's milk when prescribed by a physician, do not issue whole or evaporated milk if refrigeration facilities are lacking.

- o If access to a water source is limited, encourage the caretaker to use bottled water to mix powdered or concentrated formula and infant cereal. If bottled water is not feasible, explain how to mix infant cereal with formula.

Women and Children

- Two milk options are available for women and children: 1) milk and cheese, for participants with access to refrigeration, and 2) evaporated or dry milk, for those with no access. Instruct the participant or caretaker on how to prepare single glasses of powdered milk.

- Since skim and lowfat milks are not recommended for 1-2 year-olds and most powdered milks in Massachusetts are lowfat, give 1-2 year-olds fluid whole milk wherever possible. If this isn't possible due to lack of refrigeration, instruct the caretaker to purchase evaporated milk. If the child won't consume evaporated milk, dry milk may be purchased.

- For participants with refrigeration, fresh and frozen juice are available. For those with no refrigeration, six-packs of 6-oz cans are provided to reduce chances of spoilage and to better ensure consumption.

Women and Children With Special Needs

- If a homeless woman or child needs a special formula, issue powdered formula whenever possible.

See the HOMELESS PERSONS section of this Procedure Manual for more information.

NUTRITION CARE

TAILOR PARTICIPANTS' NUTRITION EDUCATION AND COUNSELING TO THEIR NEEDS. TAKE INTO CONSIDERATION THEIR CONCERNS AND PROBLEMS, EDUCATION LEVEL, ENVIRONMENTAL LIMITATIONS, CULTURAL PRACTICES, CAPABILITIES AND LIFESTYLE.

COMMUNICATE NUTRITION INFORMATION AT A COMPREHENSIVE LEVEL AND IN A LANGUAGE THE PARTICIPANT UNDERSTANDS.

PROVIDE NUTRITION CARE AT NO COST TO THE PARTICIPANT.

DO NOT DENY SUPPLEMENTAL FOODS FOR FAILURE TO ATTEND OR PARTICIPATE IN NUTRITION EDUCATION ACTIVITIES.

Client-Centered Counseling

Client-centered counseling increases participants' ability to understand and meet their own nutritional health needs during and after WIC program participation.

To be most effective, nutrition education should help participants take responsibility for their own nutritional care.

Client-centered counseling is based on the premise that helping the participant to identify problems and concerns is the key to successfully motivating her to change her eating habits and lifestyle to positively impact on nutrition and health.

Counseling Objectives

The counselor has two objectives in any counseling session:

1. to gain participant trust and to collect accurate information on food and nutrition practices by listening for problems a participant wants to solve.

2. to present new information in a manner that offers a solution to the participant's problem. The participant is likely to listen to the solution and set a goal because she has raised the problem herself.

GUIDELINES FOR THE COUNSELING SESSION

Use the following guidelines to create a successful counseling session.

1. The Setting

   - make sure the office space is private enough to ensure confidentiality and privacy
   - try to eliminate outside noise and distractions
   - request not to be interrupted

2. Beginning the Counseling Session

   - be on time
   - introduce yourself
   - explain what you are doing and why
   - explain how long the appointment will be
   - briefly explain the WIC program
   - encourage the participant to ask questions

3. Gathering Information

   - use open-ended questions
   - listen to the participant
   - clarify anything the participant doesn't understand
   - maintain eye contact
   - be relaxed
   - have a genuine interest in what the participant is saying, and let your face express it

4. Giving Information

   - select one major point. Do not try to cover everything in one session
   - use language that is on the participant's level, but don't speak down to her/him
   - reinforce what you suggest by using pictures, posters or food models
   - summarize the session

EVALUATING CLIENT-CENTERED COUNSELING

The state agency has produced forms for evaluating individual, group, and secondary contact counseling sessions during your program's annual site visit. These forms are included in your Originals Packet so you can use them to monitor for client-centered counseling among your own staff.

NUTRITION CARE PLAN

THE CARE PLAN SUMMARIZES THE ENTIRE NUTRITION ENCOUNTER WITH A PARTICIPANT.

A GOOD CARE PLAN DESCRIBES ALL THE IMPORTANT COMPONENTS OF THE PERSON'S NUTRITIONAL STATUS AND INCLUDES MUTUALLY AGREED UPON PLANS FOR CHANGE AND FOLLOW-UP.

The purpose of the care plan is:

- o to improve health status and maintain that improvement
- o to obtain a desired behavior
- o to increase the participant's knowledge and skills
- o to refer the participant to additional resources as needed.

Write the care plan in the "SOAP" format for clarity and consistency.

S = Subjective: what the client says, quoted directly or paraphrased. Stated information pertaining to the food package assignment such as food preferences, dislikes, and willingness to change intake.

EXAMPLE: "Billy looks skinny" Likes milk, eggs - dislikes cereal.

For participants certified in groups, write "Group Cert" in this section. Subjective information is not mandatory for participants certified in a group, but you may include it if you wish.

O = Objective: lab work (hematocrit, hemoglobin or FEP values) and anthropometric measurements (height, weight and growth chart percentiles) and the complete dates on which they were taken.

A = Assessment: evaluation of the participant's status based on subjective and objective data and any risk factors identified in the interview. Comment(s) on the certification reason. Rationale for food package assignment. Blood values and anthropometric measurements that are below WIC standards.

Do not repeat food likes and dislikes already stated in the subjective section. For specific instructions on documenting the food package rationale, see CHOOSING AND DOCUMENTING THE FOOD PACKAGE in this Procedure Manual.

EXAMPLE: "Weight/height 5-10%ile. ↓ hct, diet↓ 2 servings grains, iron."

Tailoring rationale: underwt, unwilling to ↑ cereal

Food pkg. 354

Information found to be adequate or within normal limits may also be included but is not mandatory, as is a note about your assessment of the client's stated interests or receptivity to nutrition education.

P = Plan: what will happen next. Include changes you and the participant agreed on, any nutrition education materials you provided, and any follow-up appointments or referrals you made.

EXAMPLE: "Reinforced current intake of nutrient-dense foods. Discussed low blood iron, taking WIC juices with ↑ iron foods. Follow up two months on weight gain".

You may use the check-list in this section to document topics discussed. Plans for high-risk individuals, however, must also include information other than check-list topics.

A complete WIC care plan includes appropriate referrals as suggested by the CPA or requested by the participant. Include referrals for medical care, social services, EFNEP, day care, early intervention, emergency food, and family planning, and document them on the referral line on the certification form. See the REFERRALS section of this Procedure Manual for an extensive list of referrals.

See next page for a sample Nutrition Care Plan.

Massachusetts WIC Program

CERTIFICATION FORM
PREGNANT WOMEN

ID: 0031165

Name Marie Derosier

Date of Birth 1.4.52 Age 36

Health Care Happy Valley Health Ctr

Primary Language Fr Creole/Eng Race H

EDC 9.27.88 Wks. Gestation At Cert. 26 Trimester At Cert. 3

Infant Feeding Preference:

Breast___ Bottle___ Both ✓ Undecided___

Prev. Infant Feeding Prac. Both

S: "I had morning sickness every day the first two months"
- Likes cereal, eggs + cheese - not willing to ↑ milk intake

O: G 3 P 2 AB 0 Current Wt. 174½
Ht. 5'6" Pregravid Wt. 164
Hct. 29 Hgb. _____ Date 5.8.88

A:
- PGW > standards/height
- Age > 35 yrs.
- ↓ Hct - ∅ V.t/Min supp.
- works night shift
- Total wt gain ↓ MA WIC PN grid
- Improved appetite
- Dt ↓ Calcium -2svgs, Grains- 1svg, Iron
- Adequate kcals from ↑ fried fds, ice cream

Tailoring Rationale limited milk - prefers evap. Food Pkg. 195

P: ✓ Prenatal Diet ___ High wt. gain ___ Low Wt. Gain ✓ Low HCT ___ Nausea ___ Constipation ___ Heartburn ___ Smoking ___ Drug Abuse ___ Breastfdg. ___ Infant Fdg. ___ Labor & Delivery ✓ Vit/Min. Supp. ___ Therapeutic Diet ___ ✓ Other Reinforced rate of weight gain, emphasized Vit C/Iron foods in diet

Referral MD for Rx iron supplement

Certified? Yes ✓ No ___ Priority 1AX Pick up Date _____

Reason Maternal age at onset of pregnancy >35 years

Date of Certification 6.20.88 Signature Sonia Rodriguez

Second Contact: Date Offered 7.15.88 M/S Initials S.R.

Public Progress Note

___ Diet ___ High wt. gain ___ Low wt. gain ✓ Low Iron Blood ___ Nausea ___ Constipation ___ Heartburn ___ Smoking ___ Drug Abuse ✓ Breastfdg. ___ Infant fdg. ___ Labor & Delivery ___ Therapeutic Diet ___ Other ✓ supplement, wt. gain

NUTRITION EDUCATION

PROVIDE EACH PARTICIPANT OR CARETAKER AT LEAST TWO NUTRITION EDUCATION CONTACTS DURING THE CERTIFICATION PERIOD.

NUTRITION EDUCATION INCLUDES THE LEARNING AND TEACHING ACTIVITIES, RESPONSIVE TO THE PARTICIPANT'S NEEDS AND/OR INTERESTS, THAT TAKE PLACE BETWEEN THE PARTICIPANT AND THE WIC NUTRITION STAFF.

THE FIRST CONTACT IS THE COUNSELING AND EDUCATION GIVEN AT THE INITIAL CERTIFICATION.

THE SECOND CONTACT (FOLLOW-UP) IS A SEPARATE CONTACT PROVIDED DURING THE CERTIFICATION PERIOD.

DOCUMENT NUTRITION EDUCATION CONTACTS IN THE PARTICIPANT'S RECORD.

Nutrition education is an integral part of the WIC Program. Provide two nutrition education contacts for each participant during a certification period. Provide these contacts at separate times during the certification period - at the initial certification and at a follow-up contact - and utilize a variety of educational techniques.

The purpose of nutrition education in the WIC Program is to:

- emphasize the relationship between nutrition and good health
- improve the nutritional status of WIC participants by enabling them to make informed choices regarding food purchasing, preparation and eating habits.

Relate nutrition education provided to participants to their nutritional status, cultural preferences, and household resources. See Client-Centered Counseling in the NUTRITION CARE section of this Procedure Manual for more information.

** Provide individual nutrition education during one-to-one certification or follow-up sessions.

** Provide group sessions to meet the similar needs/interests of several participants at once, and to create a forum for participants to share their experiences. Include activities which allow for maximum participant interaction and feedback.

Nutrition education need not be provided exclusively by WIC nutrition staff. If the participant is affiliated with a nutrition education program in the health center or clinic, coordinate and complement rather than duplicate the nutrition education the participant receives.

Use handouts, newsletters, bulletin boards, and posters to supplement nutrition education. Make sure these materials appropriately reflect the cultural and ethnic backgrounds of participants and provide accurate nutrition information. These materials in and of themselves do not constitute nutrition education but support the counselor-client contact.

NOTE: Participants who refuse to participate in nutrition education activities may not be denied food vouchers.

EVALUATING NUTRITION EDUCATION MATERIALS

Use the E.M.P.O.W.E.R. Manual* to evaluate all materials use or produced by your program. This manual gives complete instructions for ensuring appropriateness and quality of nutrition education materials, and is available by request from the state office.

* Evaluate Materials to Promote Optimal Use of WIC Education Resources

DOCUMENTING NUTRITION EDUCATION

Document any nutrition education contacts, and refusals of contacts, in the participant's record, including the content, the date, and staff initials.

FOLLOW-UP CONTACTS FOR WOMEN AND CHILDREN

FOLLOW-UP CONTACTS CONSIST OF AN INTERACTIVE SESSION BETWEEN WIC NUTRITION STAFF AND THE PARTICIPANT OR CARETAKER.

OFFER AT LEAST ONE FOLLOW-UP CONTACT TO EACH PARTICIPANT DURING EACH CERTIFICATION PERIOD.

DOCUMENT FOLLOW-UP CONTACTS SCHEDULED/RECEIVED IN THE PARTICIPANT'S RECORD.

Follow-up continues the process of providing client-centered nutrition education begun at certification. Therefore, the nature of the follow-up contact depends on the participant's need as identified by the CPA at the initial appointment. Follow-up contacts consist of an interactive session between WIC nutrition staff and the participant or caretaker.

Each program develops levels of care based on participant needs as well as protocols for follow-up appointments. Include the follow-up contact in the Plan section of the SOAP note.

** Give all prenatals at least one individual follow-up during pregnancy.

** Provide at least one follow-up appointment to all parents and caretakers of children. If the child is at the appointment, include her/him in the discussion.

OPTIONS FOR FOLLOW-UP CONTACTS

Follow up contacts can be provided in small groups or by individual counseling. High-risk participants should be seen individually (examples of high risk are gestational diabetes, low weight-gain, weight loss, failure to thrive and alcohol/drug issues.)

Groups are encouraged where space permits, as participant interaction facilitates learning and fosters peer support in settings where parents or caretakers may otherwise be isolated.

Telephone contacts and non-interactive distribution of pamphlets/ flyers by nutrition staff may <u>not</u> be considered follow-up contacts.

The type of follow-up contact scheduled will depend on program staffing and available space.

Individual Contacts

- counseling with a nutritionist or CPA, depending on participant need
- follow-up on height/weight measurement, with discussion of growth or prenatal weight gain
- food package change, screening of related nutrition issues, and explanation by a CPA
- change of prescription formula package with screening of presenting need and related dietary issues
- individual nutrition question or concern by participant with an explanation by a CPA (for low risk participants) or explanation by a nutritionist (for high risk participants).
- counseling to a breastfeeding woman to provide support, assess and resolve problems, and answer questions.

Group Contacts

- audio-visual presentation and discussion
- food demonstration and discussion
- discussion group, small group presentation

Nutrition-related non-WIC staff such as EFNEP, Head Start or MCH nutritionists may provide follow-up contacts. These may occur on or off-site but must be documented in the participant record.

DOCUMENTING FOLLOW-UP CONTACTS

Document the plan for follow-up contact in the participant record using the "Second Contact" section on the certification form. Include at a minimum the month and year, the topic(s) to be covered, and your initials.

At the time the participant comes to the scheduled contact, complete a SOAP note for high-risk participants and participants seen individually. For participants attending group sessions, note the date, the topic(s) covered and your initials in the "Second Contact" section of the SOAP note.

If, at repeat certification, you find that the client did not attend the scheduled contact, document the no-show in the "Second Contact" section of the previous certification form.

NUTRITION EDUCATION CONTACTS FOR INFANTS

PROVIDE NUTRITION EDUCATION CONTACTS FOR EACH INFANT CERTIFIED FOR WIC.

- FOR INFANTS ON A STANDARD 6-MONTH CERTIFICATION PERIOD, PROVIDE 1 CONTACT AT INITIAL CERTIFICATION, AND 1 FOLLOW-UP CONTACT.

- FOR INFANTS ON AN EXTENDED CERTIFICATION PERIOD, PROVIDE 1 CONTACT AT INITIAL CERTIFICATION AND 3 OR 2 FOLLOW-UP CONTACTS DEPENDING ON THE LENGTH OF THE CERTIFICATION PERIOD.

IF AN INFANT RECEIVES 3 OR 2 FOLLOW-UP CONTACTS, AT LEAST ONE OF THEM MUST BE AN INDIVIDUAL APPOINTMENT WHICH INCLUDES A HEIGHT/WEIGHT MEASUREMENT.

FREQUENCY

Provide nutrition education contacts quarterly for infants with extended certification periods. Base the number of nutrition education contacts on the length of the certification period. Give all infants one nutrition education contact at the time of their initial certification and follow-up contacts as follows:

AGE AT ENROLLMENT	LENGTH OF CERTIFICATION PERIOD	NUMBER OF FOLLOW-UP CONTACTS
≤ 2 months	10-12 months	3
3 to 5 months	7 - 9 months	2
6 months or older	6 months	1

This is the minimum number of nutrition education contacts you must provide, although you may provide more if you wish.

For infants on extended certifications, at least one follow-up contact must be an individual appointment which includes a length/weight measurement.

SCHEDULING

Although you need to maintain flexibility in scheduling nutrition education contacts based on your program's procedures, the participant's risk and your available space, coordinate contacts with the infant's schedule of health care visits whenever possible.

Initial Certification

1. Certify the participant according to standard procedures. Required data:

   - birthweight and birth length
   - updated weight/length (whenever possible)
   - initial dietary/nutrition assessment
   - bloodwork (infants aged 6 months and older)

2. Identify the length of the certification period

   - STANDARD: 6 months (age at certification 6 months or more)
   - EXTENDED: up to 1st birthday (age at certification less than 6 months)

3. Determine risk status and number of required contacts during cert period. Flag participant chart/card.

4. Tell the participant the number of nutrition contacts you would like to schedule for the duration of their certification period. Document plans under "P" of SOAP note.

Follow-up Contacts

1. Schedule follow-up visits according to the infant's risk factors.

2. Schedule high-risk infants for an individual appointment with a nutritionist regardless of the length of their certification period.

3. Schedule low-risk participants for an individual appointment or group education session.

See "Guidelines for Follow-Up Contacts" in this section for more information on follow-up contacts for infants.

See the "Protocol for Infant Health Maintenance" in this section for detailed information on the recommended content of follow-up contacts.

DOCUMENTATION

Document all contacts in the participant's chart. Use the SOAP note format to record the content of individual appointments.

GUIDELINES FOR FOLLOW-UP CONTACTS

HIGH RISK

AGE	CPA	# OF CONTACTS/FORMAT	CONTENT
0-12 months	Nutritionist	o Per discretion of nutritionist o Individual appointment	o Height, weight o Immunizations o Diet assessment o Individual counseling

LOW RISK

AGE	CPA	# OF CONTACTS/FORMAT	CONTENT
0-2 months	CPA II or Nutritionist	o 3 follow-up contacts, one of which must be an individual appointment	o Height, weight o Immunizations o General infant health/ nutrition information
3-5 months	CPA II or Nutritionist	o 2 follow-up contacts, one of which must be an individual appointment	o Height, weight o Immunizations o General infant health/ nutrition topics
6-12 months	CPA II or Nutritionist	o 1 follow-up contact, individual or group	o Immunizations o General infant health/ nutrition information

NOTE: Certification reason (risk factor), priority and food package may be changed at any time during the certification period, as needed.

PROTOCOL FOR INFANT HEALTH MAINTENANCE

GROWTH AND DEVELOPMENT	EXAMINATION	IMMUNIZATIONS/PROCEDURES	NUTRITION AND HEALTH GUIDANCE
2-4 WEEKS			
o INFANT TEMPERAMENT o ATTACHMENT o ENVIRONMENTAL ORGANIZATION o DEVELOPMENT - Eyes follow to midlevel - Eyes fix on face transiently - Reflexes • poor head stability • rooting • suck/swallow • tongue thrust	o WEIGHT, LENGTH, HEAD CIRCUMFERENCE o PHYSICAL o DENTAL/FLOURIDE ASSESSMENT	o METABOLIC SCREENING o URINARY ANALYSIS o HEARING - BELL	o NUTRITION - Breast/bottle - Formula preparation - Vitamin/mineral supplements - Sterilization o SLEEP o URINARY/BOWEL FUNCTION o CRYING o SKIN CARE o FAMILY PLANNING o SIBLINGS o ACCIDENT PREVENTION - Car seat - Crib bars/bumpers - No strings or necklaces around neck or crib bars - Water temperature 125°
2-3 MONTHS			
o SCHEDULE ESTABLISHED o REGULARITY OF DEMANDS o "FUSSING" EXPRESSES DISTRESS AND PLEASURE o RECOGNITION OF CARETAKERS o DRAMATIC INCREASE IN CRYING (3 months) o DEVELOPMENT - Vocalizes: bubbles, coos - Smiles, responsively - Lifts heat to 45° angle - Eyes follow past midline - Turns eyes and head towards sound	(8-10 WEEKS) o WEIGHT, LENGTH, HEAD CIRCUMFERENCE o PHYSICAL o DENTAL/FLOURIDE ASSESSMENT	(8-10 WEEKS) o DPT #1 o TOPV #1	o NUTRITION - Adequacy of feedings - "Spitting up" - Delaying solid foods o SLEEP: SPAN OF 3-10 HOURS (o ACCIDENT PREVENTION - Car seat - Rolling off elevated surface o IMMUNIZATIONS/REACTIONS o TOYS o BABY SITTERS o PARENTAL STRESS
4-5 MONTHS			
o INCREASED SKILLS o INCREASED PREDICTABILITY o STRANGER AWARENESS o DEVELOPMENT - Lifts head and chest - Sits with support - Grasps rattle - Holds bottle - Rolls front to back - Eyes follow 180° - Reduced tongue thrust reflex	(4 MONTHS) o WEIGHT, LENGTH, HEAD CIRCUMFERENCE o PHYSICAL o DENTAL/FLOURIDE ASSESSMENT	(4 MONTHS) o DPT #2 o TOPV #2	o NUTRITION - Stop sterilization - Adequacy of feedings - Discuss cereal - Nursing bottle mouth o ACCIDENT PREVENTION - Playpen - Car seat - Stairway gates - Small objects - Sharp objects - Hot liquids o ENCOURAGE TOYS/PLAY o SEPARATE BEDROOM FROM PARENTS o THUMBSUCKING IS NORMAL o IMMUNIZATIONS/REACTIONS

GROWTH AND DEVELOPMENT	EXAMINATION	IMMUNIZATIONS/PROCEDURES	NUTRITION AND HEALTH GUIDANCE
6 MONTHS			
o STRANGER/SEPARATION ANXIETY o STRUGGLE BETWEEN DEPENDENCE AND INDEPENDENCE o HIGHLY VISIBLE TEMPERAMENT o INCREASING MOTOR SKILLS o DEVELOPMENT - Reaches - No head lag - Some weight bearing - Begins to sit alone and unsupported - Transfers - Squeals - Bite reflex	o WEIGHT, LENGTH, HEAD CIRCUMFERENCE o PHYSICAL o DENTAL/FLOURIDE ASSESSMENT	o DPT #3 o TOPV #3 o URINE (c+s female) o HEARING (voice) o EP/LEAD (6-12 months) o HGB/HCT (6-12 months) o TB TINE TEST (6-12 months)	o NUTRITION - Continue breastmilk/formula - Solids - Use of cup - Number of meals per day - Nursing bottle mouth o ACCIDENT PREVENTION - Car seat - High chair with harness - Playpen - Cover wall sockets - Supervise bath o TEETHING o IMMUNIZATIONS/REACTIONS
7-8 MONTHS			
o INCREASED VOCALIZATION - Shouts, sings - 2-syllable babble o INCREASED CURIOSITY o BEGINS TO SHOW STUBBORNNESS; PUSHES THINGS AWAY o SHOWS HUMOR/TEASING/ MANIPULATION o LEARNS "NO" BY VOICE TONE o DEVELOPMENT - Begins pincer grasp - Starts to crawl - Pulls to stand - Sits alone without support - Curves lips around cup rim - Lateral tongue movement - Waves bye-bye	(OPTIONAL) o WEIGHT, LENGTH, HEAD CIRCUMFERENCE o PHYSICAL o DENTAL/FLUORIDE ASSESSMENT	o NONE REQUIRED	o NUTRITION - Solids progression: pureed to mashed to ground or finely chopped - Begin self-feeding - Feeding behavior management - Nursing bottle mouth o ACCIDENT PREVENTION - Car seat - Safety gates/barriers - Access to wastebaskets - Hard, sharp-edged furniture - Baby walker - Crib mattress adjustment for standing o TEETHING/TOOTH CARE
9-11 MONTHS			
o INCREASED AUTONOMY o PREDICTABLE RESPONSES o CLINGING/CRYING ON SEPARATION o DEVELOPMENT - Sits alone - Stands with support - Crawls - Rotary chewing (grinding) - Feeds self (e.g., crackers) - Says "dada", "mama" (non-specific) - Plays peek-a-boo	(9 MONTHS) o WEIGHT, LENGTH, HEAD CIRCUMFERENCE o PHYSICAL o DENTAL/FLOURIDE ASSESSMENT	(9 MONTHS) o EP/LEAD (6-12 months) o HGB/HCT (6-12 months) o TB TINE TEST (6-12 months)	o NUTRITION - Increased use of cup - Tablefoods • no salt or fats • textures - Self-feeding - Frozen foods - Decrease in appetite o ACCIDENT PREVENTION - Car seat - Aspiration - Open windows - Table cloths - Electric cords - Poison control o SLEEP - NIGHT CRYING o TEETHING, TOOTH CARE o DISCUSS SYRUP OF IPECAC

GROWTH AND DEVELOPMENT	EXAMINATION	IMMUNIZATIONS/PROCEDURES	NUTRITION AND HEALTH GUIDANCE
12 MONTHS			
o SETTING LIMITS o INCREASING SELF-CONTROL o INFANT INITIATES INTERACTIONS o CUDDLES/PLAYS o EXHIBITS WIDE RANGE OF FEELINGS o DEVELOPMENT - Cruises - Walks with support - Precise pincer grasp; points - 1-3 meaningful words	o WEIGHT, LENGTH, HEAD CIRCUMFERENCE o PHYSICAL o DENTAL/FLOURIDE ASSESSMENT	o EP/LEAD (6-12 months) o HGB/HCT (6-12 months) o TB TINE TEST (6-12 months) o SICKLE CELL (If indicated)	o NUTRITION - Weaning - Tablefoods - Cup/spoon - Nursing bottle mouth - Supplements o ACCIDENT PREVENTION - Car seat - Poison control - Aspiration o SHOES FOR WARMTH AND PROTECTIO o DEFER TOILET TRAINING

PARTICIPANT EVALUATION OF NUTRITION EDUCATION

ACTIVELY SOLICIT YOUR PARTICIPANTS' VIEWS ON THE NUTRITION EDUCATION YOUR PROGRAM PROVIDES.

At least once a year, distribute a participant nutrition education questionnaire to allow participants to comment on the nutrition education they have received from you. (A sample Nutrition Education Survey is included in your Originals Packet.) Choose a participant sample that reflects the various ethnic groups within your program.

Participant surveys provide you with information on the needs and interests of your participants. Use this information to develop your Nutrition Education Action Plan goals and to plan and implement nutrition education activities that best serve your participants.

Participant nutrition education surveys are reviewed by the state agency as part of your local program's site visit review.

BREASTFEEDING

GIVE ALL PRENATAL WOMEN AN UNEQUIVOCAL ENDORSEMENT OF BREASTFEEDING AS THE IDEAL METHOD OF INFANT FEEDING.

SUPPORT ALL WOMEN IN THEIR FEEDING CHOICE.

Ensure that participants receive complete and accurate information regarding breastfeeding by:

* Providing breastfeeding support contacts for both prenatal and postpartum women.
* Integrating your breatfeeding promotion and support efforts with those of the woman's other health care providers.
* Distributing accurate, unbiased and culturally appropriate breast-feeding educational materials.
* Issuing the smallest amount of supplemental formula an infant needs in order to minimize the possibility of replacing breastmilk with formula.
* Ensuring that the relationship between your WIC program and the infant formula industry is in the best interest of breastfeeding and abides by the WHO code.

See the BREASTFEEDING PROMOTION AND SUPPORT sections of this Procedure Manual for a complete description of the Massachusetts WIC Program's policies regarding breastfeeding promotion.

REFERRALS

INFORM ALL APPLICANTS AND PARTICIPANTS ABOUT THE FOLLOWING PROGRAMS, IF THEY ARE NOT ALREADY ENROLLED: FOOD STAMPS, MASSHEALTH, HEALTHY START, AND AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN).

REFER ALL APPLICANTS AND PARTICIPANTS TO OTHER HEALTH AND SOCIAL SERVICE PROGRAMS, WHERE APPROPRIATE.

You are responsible for telling WIC applicants and participants about the types of programs and services available to them.

Any member of your staff who has contact with applicants or participants must have access to information for providing appropriate referrals.

Keep a current listing of federal, state, and local resources that might be helpful for applicants or participants. Update your listings regularly, with information such as:

- name of program or service
- address and phone number
- services available
- eligibility requirements
- office hours
- key contact person

DEVELOPING A REFERRAL NETWORK

An effective referral network is dependent upon three factors:

1. Your ability to determine the need to refer a person to another program or service;

2. Having materials available to provide applicants or participants with accurate information about the various resources available;

3. Designing a means of following up referrals that you have made.

Assess the need or the urgency of an applicant's or participant's situation and the ability of the person you are referring to follow through with the referral. In some cases you will need to help the person with the referral (making the initial contact, setting up the appointment, explaining the services, etc.).

Be particularly sensitive to the person's needs when making referrals. Be aware of language barriers and the special needs of the physically challenged, people with emotional problems and people who are reluctant about using social services.

REFERRING PEOPLE TO FOOD STAMPS, MASSHEALTH, HEALTHY START, AND AFDC

Refer all applicants and participants to these programs, if they are not currently enrolled. Do not make any assumptions about whether someone might be eligible or not. Have information about these programs available, including the addresses and telephone numbers of the nearest offices. Find someone to use as a regular contact person at each office to facilitate referrals.

REFERRING PEOPLE TO MCH/MIC PROGRAMS

Refer all prenatal women to these programs during their first prenatal visit, if they are not already enrolled. Do not make assumptions about whether someone might be eligible or not. This referral information may have an impact at a later date even if a participant does not take immediate action.

DOCUMENTING REFERRALS

Document all referrals you make in the participant's record.

Any staff member may refer and document a health or income-related referral, but the following procedures are recommended to ensure consistent documentation:

1. Have program staff document income-related referrals (to Food Stamps, AFDC, MassHealth, Healthy Start, fuel assistance, etc.) in the income eligibility section of the Participant Data form when they verify income.

2. Have nutrition staff document health-related referrals (EFNEP, pediatricians, dentists, support groups, etc.) on the certification form when they certify and counsel participants.

REFERRAL SOURCE LIST

Use this referral source list as a guide to develop a referral list for your own community.

LOCAL

Department of Manpower Training

Children's protection services

Children's Aid and family services

Early Intervention programs

Lead Poisoning Prevention Programs

School Health Education coordinators

Healthy Start

Visiting Nurse Association

Mental health services

Al-Anon (families of alcoholics)

Family Planning organizations

Battered Women's shelter(s)

Food coop(s)

Cooperative Extension Service

Council on Aging

Displaced Homemakers

Samaritans (suicide prevention)

Rape Crisis center

Project Good Health

MassHealth

Food Stamps

AFDC

General Relief

Employment office

Housing Authority

Food pantries

Legal services

Catholic Charities

Office for Children

Head Start

Alcoholics Anonymous

Narcotics Anonymous

Overeaters Anonymous

Health department

Hospitals

School nurses

EFNEP

STATEWIDE

AIDS Hotline	1-800-342-AIDS
Alcohol Abuse Hotline	1-800-ALCOHOL
Auto Safety (recalls)	1-800-424-9393
Burn Registry	1-800-682-9229
Cancer Information Hotline	1-800-4-CANCER
Car Seats	1-800-CAR-SAFE
Child Abuse & Neglect Hotline	1-800-792-5200
Child Passenger Safety Resource Center	1-800-CAR-SAFE
Cocaine 24-Hour Hotline	1-800-COCAINE
DDS (Disability Determination)	1-800-462-5015
DES Hotline	1-800-4-CANCER
Elder Abuse Hotline	1-800-922-2275
Food Stamps Information	1-800-645-8333
Health Care Quality (information)	1-800-462-5531
(complaints)	1-800-462-5540
Healthy Start	1-800-531-BABY
Lead Paint Hotline	1-800-532-9571
National Runaway Switchboard	1-800-621-4000
Nutrition Hotline	1-800-322-7203
Parental Stress Hotline	1-800-632-8188
Parents Anonymous (parent support groups)	1-800-882-1250
Poison Information Hotline	1-800-682-9211

(continued)

STATEWIDE

Pregnancy/Environmental Hotline	1-800-322-5014
Product Safety	1-800-638-2772
Services for Handicapped Children	1-800-882-1435
Smokers Quit Line	1-800-952-7444
	1-800-4-CANCER
Statewide Childhood Injury Prevention (SCIPP)	1-800-227-7233
VD Hotline	1-800-227-8922
Welfare Hotline	1-800-841-2900

ISSUING VOUCHERS TO NEW PARTICIPANTS

NEW PARTICIPANTS ARE ENTITLED TO RECEIVE FOOD VOUCHERS ON THE SAME DAY THAT YOU COMPLETE THEIR CERTIFICATION FOR THE WIC PROGRAM.

SET UP YOUR CERTIFICATION PROCEDURES SO YOU CAN PROVIDE VOUCHERS TO A NEW PARTICIPANT IMMEDIATELY AFTER YOU HAVE COMPLETED HER/HIS CERTIFICATION.

Make sure the certification is complete before issuing vouchers to a new participant. If the determination of certification is not made until after the appointment, give the participant vouchers at the same time s/he is notified of certification.

Use manual vouchers for a new participant until the computer prints out her/his vouchers, using the information you input.

** Example 1: Participant is certified in June (EVEN month) and assigned to cycle 2 (EVEN).

- issue manual vouchers for two months (June and July)
- the computer will generate vouchers for the next EVEN cycle (August and September) if the Type 1 information is accepted into the masterfile by cutoff in July.

** Example 2: Participant is certified in June (EVEN month) and assigned to cycle 1 (ODD).

- issue manual vouchers for one month (June) and give the participant an appointment to come back in the next ODD month (July).
- the computer will generate vouchers for the next ODD cycle (July and August) if the Type 1 information is accepted into the masterfile by June cutoff.
- if the Type 1 information is not accepted into the masterfile you will have to write manual vouchers for the next ODD cycle (July and August)
- the computer will then generate vouchers for the next ODD cycle (September and October).
- offer the participant the opportunity to be recertified one month early, to enable the recertification date to coincide with the first month of the cycle.

ASSIGNING PARTICIPANT ID NUMBERS

ASSIGN EACH WIC PARTICIPANT A UNIQUE SEVEN-DIGIT IDENTIFICATION NUMBER.

The WIC participant identification number you assign to a new participant must have seven digits. (The WIC computer adds an eighth digit to the end of your seven-digit number.)

Some possibilities for assigning identification numbers include:

- If your program is in a health center, use the participant's medical record number
- Start with the number 0000001 and continue sequentially
- Start with the site code for the location where the participant picks up vouchers
- Use the first five digits of the number to identify the family, and then the last two digits to identify the participant (for example, using the last two digits of 00 to identify a mother, 01 for the oldest child, 02 for the next, and so on)

The computer's participant masterfile will not accept two participant records with the same 7-digit identification number. Design a system to ensure that you are assigning a unique number to each new participant.

Keep a record of ID numbers and the participants assigned to them. Use your "Participant Listing in Participant I.D. Number Order" report to see which numbers are currently active or inactive in your participant masterfile. See the PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER section in the Voucher System Manual for more information on using this report.

Some methods for monitoring your distribution of identification numbers are:

- Listing a number as you use it and writing next to it the name of the participant to whom you have given the number
- Typing a list of identification numbers and crossing off a number as you use it
- Typing identification numbers on labels and peeling them off sequentially to place on participant files

ASSIGNING CYCLE CODES

THE CYCLE CODE DESIGNATES THE CYCLE (ODD OR EVEN MONTHS) DURING WHICH THE PARTICIPANT WILL RECEIVE BI-MONTHLY VOUCHERS.

ASSIGN EACH NEW PARTICIPANT A CYCLE CODE NUMBER.

CHOOSING THE CYCLE CODE

Assign the cycle code according to the date the participant is certified.

- Assign a cycle code of 1 to participants certified in January, March, May, July, September, or November.

- Assign a cycle code of 2 to participants certified in February, April, June, August, October or December.

This ensures that the participant's recertification date will fall in the first month of her/his cycle.

CYCLE CODES FOR OTHER FAMILY MEMBERS

If there are other family members with different cycle assignments on the program, be sure that the new participant and the other family members have the same cycle code. If a new participant is certified "off-cycle" from other family members, you may assign the family's cycle to the new participant and later recertify the new participant one month early in order to have the recertification occur in the first month of the cycle.

Example 1: a baby born in July to a WIC participant who was certified prenatally in February and assigned a cycle code of 2.

- You can assign both mother and baby cycle 1 so that the baby will be recertified in January or May, the first month of cycle 1, depending on whether s/he is certified for 6 or 10 months.

- If there are other family members on cycle 2, however, you might want to assign the baby to cycle 2 also, and then recertify the baby one month early (in December at 5 months or in April at 9 months), so that the recertification will fall in the first month of cycle 2.

See the following chart for sample timelines for moving families to the same cycle.

MOVING FAMILIES TO THE SAME CYCLE (after bimonthly start-up)

CHART 1

If family is moved to Cycle 1 by July input cutoff

	Cycle 1 child	Cycle 2 child* *moved to Cycle 1 by July ICO
JUNE CYCLE 2	- -	June July
JULY CYCLE 1	July August	- AUGUST MV's
AUG CYCLE 2	- -	- -
SEPT CYCLE 1	September October	September October

RESULTS: ← SAME! →
-August MV's in July because only Cycle 2 vouchers produced in July
-Family together by end of July

CHART 2

If family moved to Cycle 1 between July & Aug. ICO's

	Cycle 1 child	Cycle 2 child* *moved to Cycle 1 by Aug. ICO
JUNE CYCLE 2	- -	June July
JULY CYCLE 1	July August	- AUGUST MV's
AUG CYCLE 2	- -	- -
SEPT CYCLE 1	September October	September October

RESULTS:
-August MVs in July
-Family tog. by end of July

CHART 3

If family is moved to Cycle 2 by July input cutoff

	Cycle 1 child* *moved to Cycle 2 by July ICO	Cycle 2 child
JUNE CYCLE 2	- -	June July
JULY CYCLE 1	July August	- -
AUG CYCLE 2	- September	August September
SEPT CYCLE 1	- -	- -
OCT CYCLE 2	October November	October November

RESULTS:
-No MV's
-Don't see family in July
-Family together by end of August

CHART 4

If family is moved to Cycle 2 between July & Aug. ICO's

	Cycle 1 child* *moved to Cycle 2 by Aug. ICO	Cycle 2 child
JUNE CYCLE 2	- -	June July
JULY CYCLE 1	July August	- -
AUG CYCLE 2	- SEPTEMBER MV's	August Sept.
SEPT CYCLE 1	- -	- -
OCT CYCLE 2	October November	October Novemb.

RESULTS:
-September MV's in August
-Family together by end of August

PREPARING AND DISTRIBUTING MANUAL VOUCHERS

1. ASSIGN EACH NEW PARTICIPANT A UNIQUE WIC IDENTIFICATION NUMBER.

2. RECORD RELEASE OF VOUCHERS FROM INVENTORY ON THE MANUAL VOUCHER LOG.

3. WRITE ON EACH VOUCHER:

   a. Participant's identification number
   b. Participant's name
   c. Local WIC program and site codes
   d. "Not good before" and "not good after" dates

4. ENTER THIS INFORMATION ONTO THE MANUAL VOUCHER COMPUTER INPUT FORM.

5. ENTER THE INPUT NUMBER ONTO THE MANUAL VOUCHER COMPUTER INPUT FORM.

6. HAVE THE PARTICIPANT (OR AUTHORIZED REPRESENTATIVE) IMMEDIATELY SIGN THE VOUCHER WHERE IT SAYS "I GUARANTEE..."

7. STAMP THE VOUCHER WITH THE RED "MASS. WIC PROGRAM" VALIDATING STAMP IN THE BOX THAT SAYS "NOT VALID WITHOUT WIC PROGRAM STAMP".

8. HAVE THE PARTICIPANT OR AUTHORIZED REPRESENTATIVE SIGN THE MANUAL VOUCHER INPUT FORM AS A RECEIPT FOR THE VOUCHERS.

9. SEND THE ORIGINAL OF THE FORM TO THE STATE WIC OFFICE.

10. KEEP YOUR SIGNED COPY OF THE COMPUTER INPUT FORM AS A VOUCHER RECEIPT AND AS PART OF YOUR MANUAL VOUCHER REGISTER FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

11. RECORD DISTRIBUTION OF VOUCHERS ON THE MANUAL VOUCHER LOG.

NOTE: If the initial certification date and the voucher pick-up date are different, you may issue enough food vouchers to the participant at initial certification to last her/him until s/he is on a regular voucher schedule. See the ISSUING MULTIPLE MANUAL VOUCHER PACKAGES and PRORATING sections of the Voucher System Manual for more information.

For detailed instructions on using manual vouchers, see the Voucher System Manual section of this Procedure Manual.

PARTICIPANT ID CARDS

ISSUE AN IDENTIFICATION CARD TO EACH PARTICIPANT OR HIS/HER AUTHORIZED PARENT/GUARDIAN AT THE TIME OF CERTIFICATION.

ASK TO SEE THE PARTICIPANT ID CARD AT EACH VOUCHER PICK-UP.

Identification cards ensure that only authorized individuals receive vouchers.

At the time of certification, issue an identification card to each participant or authorized guardian of a participant. This card contains the:

1. Local program name and address
2. Participant name and identification number
3. Signature of parent/guardian
4. Signature of proxy, if one is designated
5. Validation stamp with local program number
6. Staff initials, if a proxy is designated and authorization form is received by local program

** You may note the length of the certification period or the last month of vouchers on the card, and issue a new card with each repeat certification.

** You may use the blank space on the back of the card any way you'd like (e.g., to note cycle code, to create a family card, to list pick-up dates, etc.).

** The card remains valid as long as the cardholder is a certified participant in WIC or until either of the signators changes.

POSSESSION OF AN ID CARD ALONE DOES NOT ENTITLE A PARTICIPANT TO VOUCHERS. Use other standards to determine eligibility.

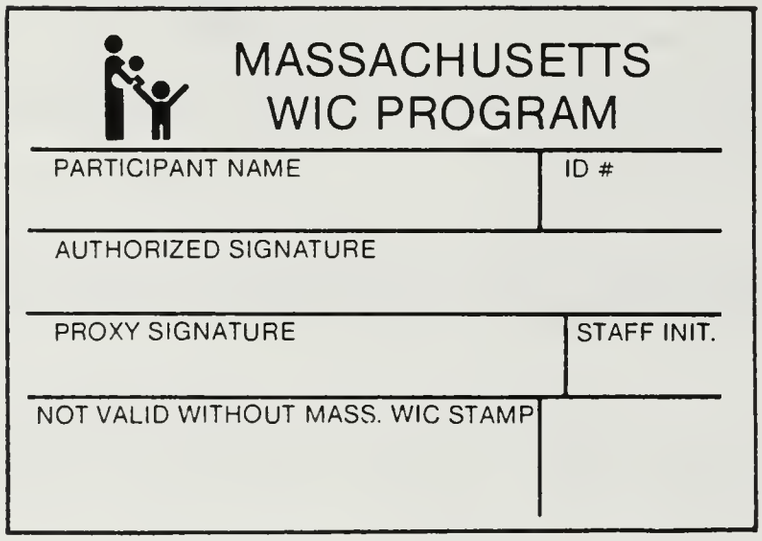
At the time of voucher pick-up, follow these steps:

1. Require participant or authorized representative to present card

2. Compare the signature on the card with the signature in the voucher register or on the manual voucher input form

3. If a proxy is picking up vouchers, follow procedures outlined in the PROXIES section of this Procedure Manual.

4. If you need to replace a lost or stolen ID card, ask to see some form of identification before issuing a new card.



EXPLAINING WIC PROCEDURES TO NEW PARTICIPANTS

MAKE SURE ALL WIC PARTICIPANTS UNDERSTAND THE WIC PROGRAM AND HOW IT WORKS.

EXPLAIN TO ALL NEW PARTICIPANTS:

1. PARTICIPANT RIGHTS AND RESPONSIBILITIES
2. CERTIFICATION PERIODS
3. HOW TO USE WIC VOUCHERS
4. PROXIES
5. THE RIGHT TO A FAIR HEARING

Take time to carefully explain to new participants the purpose of the WIC Program and how it operates. This greatly reduces confusion and complications later on, and helps protect against the possibility of participants abusing the program.

Use the "Welcome to WIC" filmstrip to explain WIC procedures during group certifications. This filmstrip explains how WIC works and discusses certification procedures, voucher redemption procedures, proxies, and fair hearings.

See the following sections for detailed explanations of what to tell new participants.

PARTICIPANT RIGHTS AND RESPONSIBILITIES

MAKE SURE THE PARTICIPANT OR PARENT/GUARDIAN SIGNS THE AFFIDAVIT LISTING "MY RIGHTS AS A WIC PARTICIPANT" AND "MY RESPONSIBILITIES AS A WIC PARTICIPANT" AT EACH CERTIFICATION APPOINTMENT.

HAVE THE PARTICIPANT OR PARENT/CARETAKER SIGN ON THE "SIGNATURE" LINE AT THE BOTTOM OF THE AFFIDAVIT.

SIGN YOUR FULL SIGNATURE AS THE "WITNESS", AND FILL IN THE DATE.

Review the affidavit of rights and responsibilities with the participant at every certification. Explain the affidavit and answer any questions the participant might have. If the participant cannot read, read the affidavit to her/him. Provide the information in the participant's primary language.

Fill in the month, day, and year on which the participant reviewed the affidavit. If the affidavit is not on the back of a completed Participant Data form, add the participant's name and ID number at the top.

Give each new participant a copy of the affidavit to take home, if possible.

LENGTH OF CERTIFICATION PERIOD

AT EACH WIC CERTIFICATION, EXPLAIN TO THE PARTICIPANT HOW LONG HER/HIS CERTIFICATION PERIOD WILL BE.

Make sure every WIC participant understands that s/he is on the WIC Program for a limited time period, and that when her/his certification period expires, s/he must schedule a repeat certification if s/he is interested in continuing on the WIC Program.

CERTIFICATION PERIODS

Women, pregnant:	For the duration of the pregnancy and up until six weeks postpartum
Women, breastfeeding:	For six months, and as long as the woman continues to breastfeed, up until one year postpartum
Women, postpartum non-nursing:	Up until six months postpartum
Infants:	o Until 1 year old, if enrolled at five months of age or less o For six months, if enrolled at 6 months of age or more.
Children:	For six months, up until and including the month in which the child turns five

HOW TO USE WIC VOUCHERS

EXPLAIN THE VOUCHER REDEMPTION SYSTEM.

EXPLAIN ABOUT BI-MONTHLY VOUCHERS.

REVIEW THE WIC FOODS SPECIFIED ON BOTH THE FRONT AND BACK OF THE VOUCHERS AND DESCRIBE THE PARTICIPANT'S OPTIONS IN CHOOSING A VARIETY OF FOODS.

- MILK: Store brand or least expensive, in the combination specified on the front of the voucher. (If the sizes listed on the voucher are not available, smaller sizes may be substituted).
- EGGS: Grade A large eggs.
- JUICE: 100% fruit juice as listed on back of voucher.
- BEANS/PEAS OR PEANUT BUTTER: beans or peas or peanut butter.
- CEREAL: brands listed on the back of the voucher, in any size 9 ounces or larger, adding up to the amount specified on the front of the voucher.
- CHEESE: no prepackaged slices (except American), shredded, sticks, cheese food, cheese product, cheese spread or snack packs. Only domestic cheese, not imported.

EXPLAIN THAT THE PARTICIPANT 1) MAY USE A VOUCHER ONLY ONCE (e.g., NO "RAIN CHECKS"), 2) DOESN'T HAVE TO BUY ALL THE FOODS IF SHE DOESN'T WANT THEM, AND 3) DOES NOT HAVE TO USE ALL THE VOUCHERS AT ONCE.

HOW THE VOUCHERS WORK

Say to each new WIC participant:

1. "If you are unable to pick up vouchers in person, you can send a proxy. The proxy must sign the vouchers at WIC and at the store.
2. Make sure the WIC staff person stamps all the vouchers.
3. Use the vouchers starting on the "not good before" date printed in the upper right-hand corner of the voucher. You have until the "not good after" date to redeem all of the vouchers.

4. Use vouchers only at authorized stores (vendors). (Give the participant a list of WIC vendors.)

5. Buy ONLY the foods specified on the vouchers. These foods are chosen for their specific nutritional value, so substituting other foods is not allowed.

6. Do not countersign your vouchers before you get to the store. The store will not accept vouchers already countersigned.

7. The store may not require you to show identification when using your WIC vouchers.

8. You are not required to buy everything on the voucher. The store must have WIC foods in stock, and the foods must be fresh.

9. At the cashier, separate your WIC foods from your non-WIC foods, and sort the WIC foods by voucher. The cashier will add up the foods listed on each voucher and must write the actual price of the foods on the voucher.

10. NEVER SIGN THE VOUCHER UNTIL THE CASHIER WRITES THE CORRECT PRICE IN INK. Check the price!

11. If the WIC vendor discriminates against you in any way, notify us immediately.

12. Tell us about any problem you have with WIC vendors."

PROXIES

PARTICIPANTS AND AUTHORIZED PARENTS/GUARDIANS MAY DESIGNATE SOMEONE TO PICK UP VOUCHERS IN SITUATIONS WHEN THEY ARE UNABLE TO DO SO. THIS PERSON IS CALLED A PROXY.

TO AUTHORIZE A PROXY, HAVE THE PROXY AND THE PARTICIPANT OR AUTHORIZED PARENT/GUARDIAN SIGN AND DATE A PROXY AUTHORIZATION FORM.

FILE THE AUTHORIZATION FORM IN THE PARTICIPANT RECORD.

THE PROXY MUST PRESENT THE PARTICIPANT ID CARD WHEN PICKING UP VOUCHERS.

See the Originals Packet for a copy of the Proxy Authorization Form.

DESIGNATING PROXIES

During the initial certification appointment, ask the participant/parent if s/he wishes to designate a proxy (husband, wife, grandparent, caretaker, neighbor, etc.) to pick up vouchers. If s/he does,

1. Give her/him a proxy authorization form and explain how to fill it out.

2. Inform her/him that the proxy must sign the ID card and present it whenever s/he picks up vouchers.

NOTE: if both parents attend the certification appointment, both may read and sign the Affidavit of Rights and Responsibilities and the ID card. Both should sign on the "authorized signature" line. Both are then authorized to pick up vouchers.

AT VOUCHER PICK-UP

1. Ask the proxy for the completed proxy authorization form and file it in the participant's record.

2. Ask to see the participant ID card

3. Verify receipt of proxy authorization form by initialling the box on the ID card.

4. Compare the proxy signature on the ID card with the signature in the voucher register or on the manual voucher input form.

5. Verify that the proxy knows how to use vouchers.

At each repeat certification, review the proxy designation with the participant. If the proxy remains the same, note this on the proxy authorization form on file. If the proxy assignment changes, collect the old ID card and issue a new card and new authorization form.

OCCASIONAL OR ONE-TIME PROXIES

Explain to participants that if they have not designated a proxy but wish to send an occasional or one-time proxy, they must:

1. Send a dated, signed note of authorization with the proxy

2. Send their participant ID card with the proxy (but do not have her/him sign it)

When the proxy arrives to pick up the vouchers,

3. Compare the signature on the participant's note with the signature on the ID card

4. Explain to the proxy how to use the vouchers

5. Have the proxy sign the note

6. File the note in the participant record

NOTE: you may wish to issue only a one month set of vouchers to a proxy for various reasons.

THE RIGHT TO A FAIR HEARING

NOTIFY ALL PARTICIPANTS THAT THEY HAVE THE RIGHT TO CONTEST ANY WIC DECISION WHICH DENIES THEM PARTICIPATION IN THE WIC PROGRAM.

TO CONTEST A DECISION, A PARTICIPANT MAY REQUEST A FAIR HEARING.

KEEP FAIR HEARING PAMPHLETS AND REQUEST FORMS VISIBLE AND READILY AVAILABLE TO WIC PARTICIPANTS.

APPLYING FOR A FAIR HEARING

Applicants or participants may request a fair hearing verbally or in writing, from the local WIC program or from the state WIC office.

If an applicant or participant thinks s/he may want to apply for a fair hearing, give her/him a copy of the explanatory pamphlet, "WHAT IS A WIC FAIR HEARING?"

If the applicant or participant wishes to request a fair hearing, s/he may either:

- complete a "REQUEST FOR A FAIR HEARING" form and mail it to the state WIC office within 90 days after s/he was notified of the decision s/he wishes to appeal. (Offer to help her/him complete this form.)

OR

- request a fair hearing directly from the state WIC office at 1-800-WIC-1007.

See the FAIR HEARINGS section of this Procedure Manual for information on the format of the hearing, notification deadlines, and continuation of benefits pending the hearing.

VOUCHER DISTRIBUTION

THE MASSACHUSETTS WIC PROGRAM USES A BI-MONTHLY VOUCHER DISTRIBUTION SYSTEM. THIS MEANS THAT EACH MONTH, PROGRAMS DISTRIBUTE A 2-MONTH SET OF VOUCHERS TO EACH PARTICIPANT ASSIGNED TO THAT MONTH'S CYCLE CODE.

Cycle 1 participants will receive vouchers in the following months:

January - vouchers dated January and February
March - vouchers dated March and April
May - vouchers dated May and June
July - vouchers dated July and August
September - vouchers dated September and October
November - vouchers dated November and December

Cycle 2 participants will receive vouchers in the following months:

February - vouchers dated February and March
April - vouchers dated April and May
June - vouchers dated June and July
August - vouchers dated August and September
October - vouchers dated October and November
December - vouchers dated December and January

The computer prints vouchers with a "not good before" date according to the information you enter into the computer after you first certify the participant. Distribute vouchers on or as close as possible to the date printed on the vouchers. This gives your participants the maximum amount of time to purchase and use their food during the month.

Many WIC programs use the bi-monthly voucher pick-ups for more than just voucher distribution. Some possibilities include:

- Providing secondary nutrition contacts, either individually or in groups
- Handing out nutrition education materials and newsletters
- Notifying participants of changes in program policies
- Updating the participant's address and telephone number
- Weighing and measuring infants and pregnant women
- Distributing and collecting the Nutrition Education Survey
- Distributing and collecting the Participant Shopping Survey

ASSIGNING PICK-UP DAYS

ASSIGN ONLY THE 1st THROUGH THE 27th OF THE MONTH AS PICK-UP DATES.

There are many different ways to assign voucher pick up days to WIC participants. Choose one that best fits into your program procedures. Some possibilities are:

- Assigning pick-up dates by the date of a participant's initial certification.

  For example, if a participant were certified on the 7th, her/his pick-up date would be the 7th of every other month.

- Assigning pick-up dates alphabetically, using the first letter of the last name of the participant or primary caretaker.

  Decide ahead of time whose name to use as a standard so that family members with different last names will not have different pick-up dates.

- Assigning all participants to one of a few selected pick-up dates.

  For example, if you are at a certain site every Wednesday, assign the participants at that site to one of four pick-ups a week apart (the 1st, 8th, 15th or 22nd).

Use the Participant Report to monitor the distribution of your pick-up dates so that you do not have too many participants coming in at the same time.

Make sure that different members of the same family or neighbors who share transportation are able to come in together.

SCHEDULING VOUCHER PICK-UPS

ARRANGE YOUR VOUCHER PICK-UPS TO BEST SUIT THE NEEDS OF YOUR PROGRAM.

SCHEDULE VOUCHER PICK-UPS SO THAT PARTICIPANTS CAN PICK UP THEIR VOUCHERS AS CLOSE AS POSSIBLE TO THE ISSUE DATE ON THEIR VOUCHERS.

There are many options for scheduling voucher distribution appointments.

- Some programs schedule individual time- and day-specific appointments.
- Some programs give participants a range of times in which they can come in for vouchers.
- Some programs distribute vouchers to participants in groups.
- Some programs choose not to give out voucher appointments at all, but let their participants know their pick-up day and month, and when the local WIC office is open for voucher distribution.
- Some programs arrange voucher appointments so that each bi-monthly voucher pick-up is also an organized nutrition education session.

PRORATING

Explain to participants the importance of picking up their WIC vouchers on time in order to get the maximum nutritional benefits, and advise them that late pick-ups may result in a partial package being issued. See the PRORATING section of this Procedure Manual.

Establish procedures for advising and warning participants about late voucher pick-ups. Only distribute such vouchers as the participant can reasonably use.

ISSUING COMPUTER-GENERATED VOUCHERS

MAKE SURE YOU HAVE ALL OF THE VOUCHERS FOR THE PARTICIPANT, AND THAT THE COMPUTER PRODUCED THE CORRECT VOUCHERS.

EXPLAIN TO PARTICIPANTS THAT YOU ARE GIVING THEM 2 SETS OF VOUCHERS AND THAT THEY CANNOT USE THE SECOND SET BEFORE THE "NOT GOOD BEFORE" DATE.

WHEN ISSUING THE VOUCHERS:

1. HAVE THE PARTICIPANT OR PROXY SIGN THE VOUCHERS IN THE SPACE MARKED "SIGN AT WIC PROGRAM".

2. VALIDATE THE VOUCHERS WITH THE RED "MASS. WIC PROGRAM" STAMP IN THE BOX MARKED "NOT VALID WITHOUT MASS. WIC PROGRAM STAMP".

3. HAVE THE PARTICIPANT (OR PROXY) SIGN THE VOUCHER REGISTER FOR EACH SET OF VOUCHERS.

4. IMMEDIATELY WRITE YOUR INITIALS AND THE DATE NEXT TO THE PARTICIPANT'S SIGNATURE(S) IN THE VOUCHER REGISTER.

EVEN IF YOU HAVE RETURNED THE COMPUTER-GENERATED VOUCHERS TO THE STATE WIC OFFICE, A WIC PARTICIPANT IS ENTITLED TO RECEIVE VOUCHERS UP UNTIL 30 DAYS FROM THE VOUCHER ISSUE DATE.

If a participant is entitled to receive her/his vouchers and you have returned the computer-issued vouchers as undistributed vouchers in the belief that they would not be used, issue the participant manual vouchers with the same issue date as the original vouchers. See the PRO-RATING section of this Procedure Manual.

If for some reason you issue both manual and computer-issued vouchers (for example, the participant requests a package change which necessitates changing only a few of the vouchers), remember to have the participant sign both the Manual Voucher Input Form and the Voucher Register.

For more information on distributing computer-generated vouchers, see the Voucher System Manual section of this Procedure Manual.

PRORATING

PRORATING IS WHEN YOU:

- DEDUCT VOUCHERS FROM THE FOOD PACKAGE OF A PARTICIPANT WHO IS LATE IN PICKING UP VOUCHERS.

- ISSUE A REDUCED PACKAGE AND A FULL PACKAGE (INSTEAD OF TWO FULL PACKAGES) TO A NEW PARTICIPANT WHEN HER/HIS NEXT VOUCHER PICK-UP DAY IS LESS THAN TWO MONTHS AWAY.

NOTIFY NEW PARTICIPANTS THAT LATE VOUCHER PICKUP MAY RESULT IN THE FOOD PACKAGE BEING PRORATED.

PRORATING FOR LATE PICK-UP

When prorating for late pick-up, determine whether:

1. there is good and sufficient cause for the late pick-up
2. the participant can reasonably utilize the full amount of WIC foods, and
3. prorating would create a hardship for the participant.

The general rule for pro-rating is:

- after 2 weeks from voucher pick-up date, void one voucher
- after 3 weeks from voucher pick-up date, void two vouchers
- after 4 weeks from voucher pick-up date, void three vouchers

See the chart on the next page for details.

PRORATING FOR LATE PICK-UP

# OF VOUCHERS IN FOOD PACKAGE	AFTER 2 WEEKS, VOID:	AFTER 3 WEEKS, VOID:	AFTER 4 WEEKS, VOID:
1	-	-	-
2	-	-	last voucher
3	-	last voucher	last 2 vouchers
4	last voucher	last 2 vouchers	last 3 vouchers
5	last voucher	last 2 vouchers	last 3 vouchers
6	last voucher	last 2 vouchers	last 4 vouchers
8	last 2 vouchers	last 4 vouchers	last 6 vouchers
9	last 3 vouchers	last 5 vouchers	last 7 vouchers
10	last 4 vouchers	last 6 vouchers	last 8 vouchers

HANDLING UNUSED VOUCHERS

1. Void the unused vouchers immediately.

2. Circle the corresponding serial numbers on the voucher register or manual voucher log; write "VP" next to them

3. Return voided computer-generated vouchers to the state office promptly.

4. Retain voided manual vouchers attached to their corresponding MV input form.

PRORATING FOR NEW PARTICIPANTS

Use the "instant" prorated packages for new participants whose next pickup day is less than 1 month away, or more than 1 month but less than 2 months away. See the table below for which package to issue. In general:

- If the participant's next voucher pick-up day is 1, 2 or 3 weeks away, issue one of the "instant" prorated packages.

- If the participant's next voucher pick-up day is more than one month away, give a full package plus an "instant" prorated package.

		MILK	EGGS	CEREAL	JUICE
					FRESH or FROZEN
3 WEEKS	990	15 qts	1 1/2 doz	36 oz	128 oz or 144 oz
2 WEEKS	991	10 qts	1 1/2 doz	36 oz	64 oz or 92 oz
1 WEEK	992	5 qts	1 1/2 doz	36 oz	

MAILING VOUCHERS

MAIL VOUCHERS ONLY WHEN A HARDSHIP SITUATION PREVENTS THE PARTICIPANT OR PROXY FROM PICKING UP THE VOUCHERS IN PERSON AND ALTERNATE METHODS OF DISTRIBUTION CANNOT BE USED.

THOROUGHLY DOCUMENT THE MAILING OF VOUCHERS IN THE PARTICIPANT RECORD AND VOUCHER REGISTER.

MAILING VOUCHERS

Mail vouchers to participants ONLY when the following hardship situations prevent them or their proxies from picking up the vouchers in person during regular or extended office hours:

- physical handicaps
- transportation problems
- illness or temporary incapacitation
- inclement weather
- other hardship.

You may mail both sets of vouchers if you think it's appropriate.

You must have authorization from the local WIC program director before you mail vouchers to an individual. For group mailings, you must have approval from the State WIC Director.

Follow these procedures to ensure that vouchers are secure and are handled correctly by the participant:

1. Write "DO NOT FORWARD IF NOT AT THIS ADDRESS" on the envelope.

2. Include the "MAILED VOUCHERS LETTER" with the vouchers. This letter must be signed by the participant/proxy and returned to you. It is included in your Originals Packet.

3. Enclose a stamped envelope addressed to your WIC program.

4. Do not mail more vouchers until you receive the signed letter.

Certified mail is not normally recommended but you may use it at your discretion on a case-by-case basis.

DOCUMENTING MAILED VOUCHERS

Document the mailed vouchers in the voucher register and in the participant record as follows:

In the voucher register

* On the signature line, write "VOUCHERS MAILED". Write the date and your initials.

In the participant record

* Note that the vouchers were mailed. Include the date, the reason, and your initials.

* Place the returned "MAILED VOUCHERS LETTER" with the participant/proxy signature in the participant record OR attach it to the corresponding page in the voucher register.

Record the number of participants receiving mailed vouchers on the monthly service delivery report.

You may wish to keep a list by site of voucher receipts returned, to simplify keeping track of participants eligible for voucher mailing the following month.

NUTRITION EDUCATION

In most cases the mailing of vouchers should not continue past three months. If circumstances require that it should (as in the case of a handicapped participant), determine a method of providing nutrition education and document the contact in the participant record.

REPEAT CERTIFICATIONS

EACH MONTH, IDENTIFY PARTICIPANTS WHOSE CERTIFICATION PERIOD IS ABOUT TO EXPIRE.

NOTIFY EACH PARTICIPANT IN WRITING AT LEAST 15 DAYS BEFORE HER/HIS CERTIFICATION PERIOD EXPIRES.

SCHEDULE A REPEAT CERTIFICATION APPOINTMENT IF THE PARTICIPANT WANTS TO CONTINUE RECEIVING WIC BENEFITS.

TO BE RECERTIFIED FOR WIC, A PARTICIPANT MUST MEET THE SAME ELIGIBILITY REQUIREMENTS AS FOR INITIAL CERTIFICATION: CATEGORICAL, GEOGRAPHICAL, INCOME, AND NUTRITIONAL RISK.

YOU MAY SCHEDULE A RECERTIFICATION APPOINTMENT UP TO 30 DAYS EARLY IN ORDER TO KEEP ALL FAMILY MEMBERS ON THE SAME BI-MONTHLY CYCLE FOR VOUCHER PICKUP.

A repeat certification is functionally like an initial certification -- it is an opportunity for you to determine whether a person is eligible to participate in the WIC Program.

At least 15 days before the end of a participant's certification period, send the participant the "END OF CERTIFICATION PERIOD LETTER" to notify her/him that the certification period is almost over and that s/he must be certified again in order to continue on the WIC Program. See the END OF CERTIFICATION PERIOD section of this Procedure Manual for more information.

If you require Medical Referral Forms at recertifications, give or mail the appropriate form ("Medical Referral Form" or "or Repeat Certification of Infants and Children" form to the participant with the "END OF CERTIFICATION PERIOD LETTER".

You may schedule a recertification appointment up to 30 days early in order to keep all family members on the same bimonthly cycle for voucher pickup.

IDENTIFYING PARTICIPANTS DUE FOR REPEAT CERTIFICATION

ESTABLISH A SYSTEM TO IDENTIFY PARTICIPANTS WHOSE CERTIFICATION PERIOD IS ABOUT TO EXPIRE SO THAT YOU CAN PROVIDE TIMELY NOTIFICATION AND SCHEDULE A REPEAT CERTIFICATION APPOINTMENT.

There are two basic systems used to identify participants due for recertification: computer-generated reports and records of participant certification history.

COMPUTER REPORTS FLAGGING PARTICIPANTS DUE FOR RECERTIFICATION

Voucher Register

- Flagged with a "1" to the left of the participant's name if the participant is due next cycle, in either the first or second month. "Month due" is printed to the right of the participant's name.

- Flagged with a "2" to the left of the participant's name if the participant is due next month. This flag will only appear if the participant is "off cycle" (the month s/he is due for recertification is the second month of this cycle). For example, a participant who is supposed to pick up vouchers in June for June/July but is due for recertification in July.

Participant Report

- Flagged with "RECERT NEXT CYCLE" to the left of the participant's name if the participant is due for recertification in either the first or second month of the next cycle.

- Flagged with "RECERT NEXT MONTH" if participant is due for recertification in the second month of this cycle.

Listing of Active Participants Due for Recert Next Cycle (Report 1)

- Lists all participants due for recertification next cycle, in either the first or second month.

Listing of Active Participants Due for Recert Next Month (Report 2)

- Lists all participants due for recertification in the second month of their cycle. They are eligible for only their first set of bi-monthly vouchers.

RECORDS OF PARTICIPANT CERTIFICATION HISTORY

Certification form

- Notes most recent certification date.

Flowsheet in participant's record

- May note date of most recent certification, month certification period expires, voucher pick-up history.

Voucher pick-up card

- May note date of most recent certification, month certification period expires, voucher pick-up history.

WIC ID card/appointment card

- May note most recent certification date, month certification period expires.

In order to ensure identification of each participant whose certification period is about to expire, it is recommended that you check some record of each participant's certification history (other than computer reports) each month prior to giving her/him vouchers.

SCHEDULING REPEAT CERTIFICATIONS

OFFER THE PARTICIPANT A REPEAT CERTIFICATION APPOINTMENT IN THE MONTH FOLLOWING THE MONTH HER/HIS CERTIFICATION PERIOD EXPIRES.

SET UP AN APPOINTMENT SYSTEM FOR REPEAT CERTIFICATIONS THAT BEST MEETS YOUR STAFFING PATTERN AND CAPABILITIES.

If possible, schedule a participant's repeat certification appointment as close as possible to her/his regular voucher pick-up date in order to avoid interruption of benefits if the participant is still eligible to continue on WIC.

Have the participant help select an appointment time that is convenient for her/him.

There are several types of repeat certification appointments:

- Group sessions, with participants selected by risk factor or WIC status (for example: WIC infants, overweight children).
- Group nutrition education sessions supplemented by individual counseling sessions (for example: breastfeeding for new mothers, feeding finicky eaters).
- Individual counseling and recertification sessions.

THE REPEAT CERTIFICATION APPOINTMENT

AT THE REPEAT CERTIFICATION APPOINTMENT:

1. DETERMINE THAT THE PARTICIPANT IS STILL CATEGORICALLY ELIGIBLE
2. VERIFY AND DOCUMENT THE PARTICIPANT'S GEOGRAPHIC AND INCOME ELIGIBILITY
3. COMPLETE A NUTRITION ASSESSMENT FOR THE PARTICIPANT AND DETERMINE WHETHER THE S/HE IS AT NUTRITIONAL RISK AND IN A PRIORITY SERVED BY YOUR PROGRAM.

** IF THE PARTICIPANT IS ELIGIBLE AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Certify her/him for the duration of another certification period.

   Verify and document her/his address, telephone number, household income and nutritional risk.

2. Review the affidavit of participant rights and responsibilities with her/him.
3. Give the participant vouchers.
4. Arrange subsequent voucher appointment(s).

** IF THE PARTICIPANT IS NO LONGER ELIGIBLE OR IN A PRIORITY YOU DO NOT CURRENTLY SERVE:

1. Explain the reason to the participant very clearly.
2. Give her/him a "NO LONGER ELIGIBLE LETTER" stating the reason for her/his ineligibility.

   See the INELIGIBILITY AT REPEAT CERTIFICATION section of this Procedure Manual.

3. Do not give the participant any vouchers; her/his certification period has expired.
4. Advise her/him of the right to appeal the decision by requesting a fair hearing.
5. Explain that s/he may reapply.

6. If s/he is in a priority you do not currently serve, ask if s/he would like to be put on your waiting list. If so, give her/him a "WAITING LIST NOTIFICATION LETTER" and file her/his completed Medical Referral Form with your waiting list or keep a record of her/his name, address, phone number, date of birth, status (W1, W2, W3, I, C), and priority with your waiting list.

   See the following sections of this Procedure Manual: WAITING LIST STATUS and APPLICATIONS WITH A WAITING LIST.

7. Follow appropriate termination procedures. Document in the chart that you distributed the "END OF CERTIFICATION PERIOD LETTER" and the "NO LONGER ELIGIBLE LETTER", and, if appropriate, the "WAITING LIST NOTIFICATION LETTER".

   See the TERMINATIONS section of this Procedure Manual.

IDENTIFYING PARTICIPANTS INELIGIBLE TO RECEIVE VOUCHERS UNLESS/UNTIL RECERTIFIED

ESTABLISH A SYSTEM TO ENSURE THAT PARTICIPANTS WHO HAVE NOT BEEN RECERTIFIED DO NOT CONTINUE TO RECEIVE VOUCHERS AFTER THEIR CERTIFICATION PERIOD HAS EXPIRED.

The computer produces vouchers for a participant for 2 months after the end of the six-month certification period.

- the seventh month of vouchers becomes the first month of vouchers in a new certification period if the participant is recertified

- The 8th month of vouchers is produced in case the participant fails to get recertified in the 7th month, or the input for the 7th month recertification is not correctly submitted, or recertification is done after input cutoff in the 7th month.

A participant is not eligible for either of these sets of vouchers unless s/he has been recertified.

In order to avoid giving vouchers to a participant whose certification period has expired and who has not been recertified, it is recommended that you check some record of each participant's certification history (other than computer reports) each month prior to giving her/him vouchers.

REASONS FOR OVERDUE RECERTIFICATION

Participants are identified as being overdue for recertification this month for the following reasons:

- recertification data was not submitted/accepted last month

- recertification data was submitted after cutoff last month

- recertification has not occurred

There are two basic ways to identify participants who are overdue for recertification and thus ineligible to receive vouchers: using computer-generated reports, and using records of the participant's certification history.

1. COMPUTER-GENERATED REPORTS

- Voucher Register - flagged with a code to the left of the participant's name

  "3" Participant due for recertification this month, not eligible for vouchers until recertified

  "4" Participant was due for recertification last month, not eligible for vouchers unless/until recertified

- Participant Report - flagged with message to the left of the participant's name

  "RECERT THIS MONTH" - participant due for recertification this month, not eligible for vouchers until recertified

  "RECERT OVERDUE" - participant was due for recertification last month, not eligible for vouchers unless/until recertified

- Listing of Active Participants Due For Recert This Month (Report 3) - lists all participants due for recertification this month. They are not eligible to receive this month's vouchers unless they are recertified.

- Listing of Active Participants 1 Month Overdue For Recert (Report 4) - lists all participants that were due for recertification the previous month. They are not eligible to receive any vouchers until they are recertified.

Participants who have been identified in computer reports as being overdue for recertification this month will be automatically terminated next month. Each month before input cutoff, investigate the status of each of these participants and:

- resubmit certification data for participants recertified before input cutoff last month

- terminate participants who have not been recertified according to your missed appointment policy.

2. RECORDS OF PARTICIPANT CERTIFICATION HISTORY

- Certification form - notes most recent certification date.

- Flowsheet in participant's record - may note date of most recent certification, month certification period expires, voucher pick-up history, scheduled appointments, no-shows.

- WIC ID card/appointment card - may note most recent certification date, month certification period expires, scheduled appointments.

MISSED APPOINTMENTS

DEVELOP AND USE A STANDARD PROCEDURE FOR FOLLOWING UP ON MISSED APPOINTMENTS.

See the following sections for guidance on missed certification/recertification and voucher pick-up appointments.

MISSED CERTIFICATION/RECERTIFICATION APPOINTMENTS

DEVELOP A POLICY FOR YOUR PROGRAM REGARDING MISSED CERTIFICATION AND RECERTIFICATION APPOINTMENTS, AND FOLLOW STANDARD PROCEDURE FOR NOTIFICATION OF TERMINATION.

MAKE SPECIAL EFFORTS TO HELP HIGH-RISK WOMEN AND INFANTS RESCHEDULE AND KEEP THEIR CERTIFICATION AND RECERTIFICATION APPOINTMENTS.

NO-SHOW POLICY

Develop a policy for your program regarding no-shows. Some options are:

- o After the first missed appointment, mail a letter stating that the participant has ___ days or until (date) in which to reschedule or to keep an appointment. The actual number of appointments scheduled for the participant is of no consequence, as long as the participant has rescheduled or is seen by the deadline.

- o Limit participants to either one, two or three missed apppointments. After the limit is reached, file the records of those applying for an initial certification, and terminate those participants who were not recertified after the end of their certification period.

- o After the first missed appointment, automatically mail out a letter with a new appointment date.

REDUCING NO-SHOWS

Some ways to reduce no-shows are:

- Let the applicant or participant choose a convenient appointment time.

- Make reminder phone calls to high-risk individuals before their appointments.

- Mail reminder cards or letters to high-risk individuals.

- Prominently indicate the "due for recertification" month on the participant's ID/appointment card.

- Include a statement on the "End of Certification Period Letter" warning the participant that unless a recertification appointment is completed by (date), s/he must reapply.

NOTIFICATION OF TERMINATION

The "END OF CERTIFICATION PERIOD LETTER" serves as notification of termination for participants who do not keep a repeat certification appointment. Document distribution of this letter in the participant's record.

Regardless of your program's missed appointment policy, follow the standard termination procedures as outlined in the TERMINATION PROCEDURES section of this Procedure Manual.

MISSED VOUCHER PICK-UP

IF PARTICIPANTS DO NOT PICK UP THEIR VOUCHERS, NOTIFY THEM IN WRITING THAT THEY WILL BE TERMINATED IF THEY DO NOT PICK UP THEIR VOUCHERS FOR TWO CONSECUTIVE MONTHS.

NOTIFY PARTICIPANTS OF POSSIBLE TERMINATION AT LEAST 15 DAYS BEFORE THE SECOND SET OF MISSED VOUCHERS EXPIRES.

TERMINATE PARTICIPANTS WHO DO NOT PICK UP THEIR VOUCHERS FOR TWO CONSECUTIVE MONTHS.

RESCHEDULING MISSED APPOINTMENTS

Use the same procedure for rescheduling a missed voucher appointment as the one used to schedule the initial voucher pick-up. See the SCHEDULING VOUCHER PICK-UPS section in this Procedure Manual.

When rescheduling missed voucher pick-ups, try to have participants pick up their vouchers as close to the voucher issuance date as possible.

TERMINATION DUE TO MISSED VOUCHER PICK-UP

1. Mail the "MISSED VOUCHERS LETTER" after the first set of vouchers is not picked up as a reminder/warning and a notification of termination. Use the date the second set of vouchers expires as the possible termination date. No additional letter need be sent if the second set of vouchers is not picked up.

   See the TERMINATION DURING THE CERTIFICATION PERIOD section of this Procedure Manual.

2. Implement a system for following up on participants who receive a "MISSED VOUCHERS LETTER", to ensure that those who miss the subsequent voucher pick-up are terminated. For example:

   - Whenever you write a "MISSED VOUCHERS" letter, write the participant's name under the possible termination date on a calendar. Review the calendar daily and terminate participants who have not picked up their second set of vouchers.

   - Keep an alphabetical listing of participants who miss voucher pick-up each month. Compare each month's list to the previous month's list to identify names appearing on both, and terminate these participants.

   - Review participants' flow sheets, files or cards for documentation of no pick-up for two consecutive months.

SERVICES TO SPECIAL NEEDS POPULATIONS

IDENTIFY AND PROVIDE SERVICES TO THE SPECIAL NEEDS POPULATIONS IN YOUR CATCHMENT AREA.

IDENTIFYING HIGH-RISK POPULATIONS

You are responsible for effectively assessing who your high risk populations are, where they are located in your catchment area, and how they can be targeted through WIC referral/outreach efforts.

Use the following data to determine high risk groups in your catchment area:

- 1980 Census data
- Local demographic statistics (e.g. City Hall, local health centers or hospitals)
- School Board statistics
- Department of Public Health statistics

See the following sections for more information on:

- o Native Americans and Migrants
- o Homeless Persons
- o Non-English Speaking Persons
- o Racial/Ethnic Minorities
- o Persons with Substance Abuse Problems
- o Handicapped Persons

NATIVE AMERICANS AND MIGRANTS

MAKE A SPECIAL EFFORT TO SERVE NATIVE AMERICANS AND MIGRANTS IN YOUR CATCHMENT AREA.

NOTIFY MEMBERS OF MIGRANT FARMWORKER HOUSEHOLDS OF THEIR ELIGIBILITY OR INELIGIBILITY WITHIN 10 DAYS OF THE DATE OF THEIR FIRST INQUIRY.

Maintain contact with the organizations in your communities that provide services to migrant agricultural workers and to Native Americans.

Use organizations such as the Indian Council and farmworkers' unions as sources of referrals for your program.

Make sure that these organizations have information about the WIC Program and understand the eligibility requirements.

Enroll eligible members of migrant farmworker households within 10 days of their application to WIC if the household may leave your catchment area soon. Provide these participants with a completed Verification of Certification form immediately to prevent disruption of benefits when they move on, perhaps without opportunity to notify you.

A migrant participant's income eligibility is valid for 12 months. When recertifying a migrant participant, check her/his VOC card for the date her/his income eligibility was last determined.

HOMELESS PERSONS

MAKE EVERY EFFORT TO ENSURE ACCESSIBILITY OF WIC SERVICES TO HOMELESS WOMEN, INFANTS AND CHILDREN WHO MEET WIC ELIGIBILITY CRITERIA.

PROVIDE NUTRITIONAL COUNSELING THAT IS APPROPRIATE TO THE PARTICIPANT'S NEEDS AND CIRCUMSTANCES.

Homeless families and individuals include anyone who lacks a fixed and regular night-time residence or who lives in a residence on a temporary basis. This includes people living in publicly or privately operated congregate shelters, hotels or motels or shelters for victims of domestic violence; people living in halfway houses or transitional housing; people living temporarily in the home of family or friends; and people living in a public or private place not designed for sleeping accomodations, such as a vehicle, park, hallway, doorstep, sidewalk, or abandoned building. Consider these persons as high-risk for WIC services.

Homeless women and children may have compromised health and nutrition status as well as high levels of anxiety and stress. Display special sensitivity when gathering application and certification information.

CERTIFICATION PROCEDURES

Make every effort to certify the homeless applicant immediately. Modify the certification procedure as follows:

1. If the applicant does not have a permanent address, use the address of a frequently-used shelter, a relative or friend, or the WIC program. A mailing address is required for processing input and voucher issuance.

2. If the applicant has income but no written verification, write "self-declaration" on the documentation line of the income form.

3. If health care is not accessible to the applicant, do blood tests and anthropometric measurements in the WIC office. Have your nutritionist collect information on health status, using the Medical Referral Form as a guide, and document the information in the SOAP note. Refer the applicant to your agency's health care provider or to a local health care provider if s/he is covered by health insurance.

4. Use the Nutrition Assessment form to identify the participant's nutritional needs. Provide nutritional counseling appropriate to her needs and circumstances.

5. Determine if the applicant has special needs regarding food purchasing, storage and preparation. If she has no storage facilities for WIC foods:

   a) Issue the appropriate "homeless" food package. See the HOMELESS PACKAGES section of this Procedure Manual for more information on issuing homeless packages.

   b) Discuss spreading out redemption of vouchers over the 4-week period.

   c) Provide guidance on selecting foods that require no refrigeration, are easy to prepare in single-serving sizes with limited food preparation equipment, and are low in cost.

   d) Explain how to prepare single feedings of infant formula.

   e) Discuss using bottled water to prepare powdered/concentrated infant formula and evaporated/dry milk.

   f) Offer food storage and sanitation information when applicable.

REFERRALS

Refer homeless applicants and participants to all appropriate health and human service agencies within your area, such as:

* local shelters	Use your current listing of shelters meeting State certification requirements for homeless facilities. Refer participants to other shelters as necessary.
* local Welfare/AFDC client assistance services	617-292-8900 Boston 1-800-841-2900 statewide
* Food Stamps Hotline (Project Bread)	1-800-645-8333
* Mass Law Reform (legal services)	617-742-7250
* food pantries/meal programs	Call Project Bread Hunger Hotline (617-523-0710) for listing

Make referral calls on behalf of the homeless applicant to food and shelter resources, and offer supermarket gift certificates if appropriate and available.

STATE-CERTIFIED SHELTERS

The Massachusetts WIC Program certifies shelters for use by WIC participants. State-certified shelters meet the following conditions:

1. The facility does not receive any financial or in-kind benefit from a person's participation in the WIC Program.

2. Foods provided by the WIC Program for a participant residing in this facility are available exclusively for the person to whom they were issued.

3. The staff of the facility do not routinely pick up WIC vouchers for the WIC participants who reside temporarily at the shelter.

4. The facility does not restrict a WIC participant's ability to partake of the education and food benefits of the WIC Program.

The listing of state-certified shelters is updated regularly and sent directly to you.

OUTREACH

Contact and distribute outreach materials to local agencies offering services to homeless families and individuals.

RACIAL/ETHNIC MINORITIES

MAKE EVERY EFFORT TO ENSURE ACCESSIBILITY OF WIC SERVICES TO RACIAL/ ETHNIC MINORITIES WHO MEET WIC ELIGIBILITY CRITERIA.

Maintain contact with health providers and social service agencies who provide services to racial and ethnic minorities. Make sure they have information about the WIC program and understand the eligibility requirements.

Also maintain contact with agencies and organizations that assist refugees and immigrants in the resettlement process. These organizations include:

- International Institutes
- Mutual Assistance Associations (MAA)
- Massachusetts Office of Refugees and Immigrants
- churches serving these populations.

DETERMINING ETHNIC BACKGROUND

State regulations require that you designate, for planning purposes, the ethnic background of each participant as one of the following:

Ethnic category	Input form code
Puerto Rican	F
Hispanic, Other	G
Chinese	H
Cambodian	I
Lao (including Hmong)	J
Vietnamese	K
Asian, Other	L
Cape Verdean	M
Haitian	N
Black American (non-Hispanic)	O
Black, Other (non-Hispanic)	P
American Indian and Alaskan Native	Q
Portuguese	R
White, Other	S

Determine ethnic background by asking the participant to classify herself, or you may make a determination based on surname, language or appearance. If you are unable to determine exact ethnicity, use one of the categories for "Other". Enter this information on the Participant Input Form using the codes listed above.

REPORTING RACIAL BACKGROUND

Federal regulations require that we designate, for reporting purposes, the racial background of each participant as one of the following:

American Indian or Alaskan Native. A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).

Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.

Black (not of Hispanic Origin. A person having origins in the black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White (not of Hispanic origin). A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

To do this, the WIC computer assigns each ethnic code to one of the racial groups as follows:

WHITE, NOT HISPANIC	White Portuguese
BLACK, NOT HISPANIC	Black American Cape Verdean Haitian Black, Other
HISPANIC	Puerto Rican Hispanic, Other
AMERICAN INDIAN/ALASKAN NATIVE	American Indian
ASIAN/PACIFIC ISLANDER	Cambodian Chinese Lao/Hmong Vietnamese Asian, Other

NON-ENGLISH SPEAKING PERSONS

ADAPT YOUR PROGRAM'S PROCEDURES TO ENABLE YOU TO PROVIDE WIC SERVICES TO APPLICANTS AND PARTICIPANTS WHO DO NOT SPEAK ENGLISH.

IDEALLY, INTERPRETERS SHOULD BE BICULTURAL AS WELL AS BILINGUAL.

YOU CANNOT REQUIRE PARTICIPANTS TO BRING THEIR OWN INTERPRETERS.

Civil rights regulations prohibit discrimination in any program activity based on national origin. Therefore, participants cannot be required to bring a translator to the WIC program.

If the population in your catchment area is multilingual, your staff should be multilingual as well.

If you cannot find staff who speak the language(s) of your participants, use interpreters. There are many ways you can provide your participants with translators:

- Use the interpreters that are available in your host agency.
- Use interpreters from other community service agencies.
- Use bilingual students from local schools to help you translate.
- Schedule appointments in such a way that bilingual participants can help non-English speaking applicants and participants.
- If all else fails, ask the participants to bring an English-speaking relative or friend (not their child) with them to translate.

The state WIC office has a wide variety of nutrition education and WIC materials in the following languages: Spanish, Portuguese, French, Chinese, Vietnamese, Cambodian, and Laotian. If you develop your own materials, translate them into the languages you need.

PERSONS WITH SUBSTANCE ABUSE PROBLEMS

PROVIDE PARTICIPANTS WITH INFORMATION ABOUT THE DANGERS OF DRUG AND ALCOHOL ABUSE USING A VARIETY OF EDUCATIONAL ACTIVITIES.

SCREEN ALL PARTICIPANTS TO IDENTIFY THOSE AT RISK FOR SUBSTANCE ABUSE.

PROVIDE PARTICIPANTS WITH APPROPRIATE AND PROMPT INFORMATION AND REFERRALS.

PROTECT THE CONFIDENTIALITY OF THESE PARTICIPANTS.

Federal regulation mandates that WIC provide substance abuse information to all participants, and referrals to participants who may be abusing drugs or alcohol. Local WIC programs are particularly appropriate referral sources for providers of drug abuse services, since large numbers of people at risk for drug abuse have already established a non-threatening relationship with WIC staff. The federal guidelines state that WIC's role should be to:

- Raise awareness of the dangers of drug abuse by disseminating information to all adult participants and the parents or caretakers of infants and children
- Conduct screening of participants only to the extent necessary to determine whether there is possible alcohol and/or other drug abuse
- Facilitate access to professional assessment and treatment, as appropriate, by providing referrals to available community programs.

WIC is mandated to provide nutrition counseling, food assistance and health care referrals. WIC staff are <u>not</u> required to assess the extent of an individual's drug abuse problem, provide substance abuse counseling, or attempt to treat chemically dependent women. These services should be provided by trained drug and alcohol professionals.

GENERAL EDUCATION/PREVENTION

Provide WIC clients with basic education regarding the facts and dangers of alcohol and illicit, as well as licit, drugs. Provide drug abuse prevention activities in a non-threatening manner, and tailor your information to the types of drug abuse problems typically found in your community. Present material in language participants can understand, and offer information in a positive and non-judgemental manner. Discuss how drug abuse relates to conditions in participants' own lives (e.g., pregnancy, child-rearing, etc.)

General substance abuse education may be conducted in groups, but individual contacts should be provided for participants with identified or suspected drug/alcohol abuse problems.

SCREENING/COUNSELING

One-to-one communication is the most effective way to deal with the sensitive subject of drug use. Ask questions privately, in a non-threatening manner, and be supportive of the individual.

At the time of initial certification, screen each client for alcohol and drug use during the standard nutrition assessment and certification process. During the nutrition assessment, ask about over-the-counter drugs first, then prescription drugs, then illegal drugs. Ask what drug(s) are used, the purpose, amount and frequency. During the dietary intake, incorporate the alcohol intake with other food intake questions. Ask about soda first, then tea or coffee, then alcoholic drinks. If the client seems reluctant to discuss quantities, a suggestion of large quantities may elicite an honest answer. Ask about the kind(s) of alcohol consumed, the amount and frequency.

Reinforce education by using printed or audiovisual materials whenever possible. Select positive, hopeful messages and illustrations, and use characters, situations and settings that are meaningful to participants.

CONFIDENTIALITY

Federal regulation requires that information regarding actual or suspected alcohol or drug abuse be kept confidential. This information can be shared with outside sources only if the participant has signed a release form. For more information on confidentiality regarding drug use, see the CONFIDENTIALITY section of this Procedure Manual.

REFERRALS

Identify all programs, clinics, and treatment centers in your area that serve substance abuse clients. Develop a referral list of these services and have it available for nutrition staff. When a participant is identified as high-risk for alcohol or drug abuse, provide them with a prompt and appropriate referral to a local drug abuse service agency. Establish linkages with these clinics or treatment facilities by meeting the staff, learning about the services provided, and developing strong referral networks.

STAFF TRAINING

Provide your staff with appropriate training regarding the provision of drug abuse information and referrals. Do this by: 1) allowing staff to attend WIC state trainings and inservices regularly, 2) allowing staff to attend other trainings or seminars given by other community or private agencies, 3) obtaining educational materials from substance abuse clinics or programs in your area, and 4) asking substance abuse programs in your area about possibly doing a presentation for your program staff.

MONITORING

Implementation of this policy is monitored as part of the site visit review process.

For more information , see the USDA publication, "A Study of Appropriate Methods of Drug Abuse Education in the WIC Program".

HANDICAPPED PERSONS

A HANDICAPPED PERSON IS SOMEONE WITH A PHYSICAL OR MENTAL IMPAIRMENT WHICH SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES, HAS A RECORD OF SUCH AN IMPAIRMENT, OR IS REGARDED AS HAVING SUCH AN IMPAIRMENT.

MAKE EVERY EFFORT TO ENSURE THAT HANDICAPPED PERSONS HAVE EQUAL ACCESS TO WIC SERVICES, AND ELIMINATE BARRIERS TO PARTICIPATION BY HANDICAPPED PERSONS, WHEREVER POSSIBLE.

DO NOT DENY WIC BENEFITS TO ELIGIBLE HANDICAPPED PERSONS BECAUSE YOUR FACILITIES ARE INACCESSIBLE.

NOTIFICATION

The word "handicap" is included in the "Civil Rights Statement" used on all WIC outreach and informational materials. This notifies all referents and applicants/participants that WIC does not discriminate on the basis of handicap. However, this provision also refers to hiring, so job vacancy announcements should include the civil rights statement as well.

PROGRAM ACCESSIBILITY

Make WIC services and facilities readily accessible to, and useable by, handicapped persons. There are many ways to do this: use of home visits, mail-in applications and phone interviews, delivery of services at alternate accessible sites, alteration of existing facilities to conform to handicap access requirements, and referrals to an accessible site. You don't need to make structural changes in existing facilities where other methods are effective in achieving compliance with this requirement, but rather, should use methods that offer services to handicapped persons in the most integrated setting appropriate to obtain the full benefits of the program. At least one of your sites must be handicap accessible.

TRANSLATION SERVICES

The state agency can reimburse you for translation services. If the translator is from a state agency (e.g., a sign language interpreter from the Massachusetts Commission for the Deaf), this can be done fairly easily. For all others, the reimbursement process may take up to 6 weeks.

FAIR HEARINGS

A FAIR HEARING IS A HEARING PROCEDURE THROUGH WHICH APPLICANTS OR PARTICIPANTS MAY APPEAL WIC PROGRAM DECISIONS WHICH RESULT IN THEIR DENIAL OF PARTICIPATION OR DISQUALIFICATION FROM THE WIC PROGRAM.

SCHEDULING FAIR HEARINGS

As soon as the state WIC office staff receive a request for a fair hearing, they notify the Department of Public Health (DPH). DPH schedules the hearing within three weeks of their receipt of a request, in a location convenient to the person requesting the hearing.

DPH notifies the person requesting the hearing, in writing, at least 10 days before the date for which the hearing is scheduled.

Prior to the hearing date, the hearing may be rescheduled by the applicant or participant, the local WIC program, or the hearing officer, but only with advance notice to all parties involved.

Any time before the date of the fair hearing, the person requesting the hearing may withdraw by asking, in writing, that the hearing be cancelled.

THE FAIR HEARING PROCEDURE

The Commissioner of Public Health appoints an impartial officer to conduct the hearing. This means the hearing officer is not involved in the decision that is under appeal.

WIC fair hearings are informal. The applicant or participant can bring legal counsel or anyone else to represent her/him (but the Department of Public Health will not cover this expense).

At the hearing, the participant and the local WIC program each have the opportunity to present their cases and any supporting documentation or information.

FAIR HEARING DECISIONS

Within 45 days of the initial receipt of the request for a hearing, the hearing officer mails her/his decision to both parties.

The signed decision of the hearing officer is final. If the hearing officer decides in favor of the applicant or participant, you must fully implement the decision within seven days after receiving the decision.

If the participant is dissatisfied with the final decision of the hearing officer, s/he has the right to a judicial review by filing a complaint with the Superior Court in the county where s/he resides or works or in Suffolk County within thirty days after the effective date of the hearing decision.

The state WIC office keeps a written record of all hearings.

CONTINUATION OF WIC PARTICIPATION PENDING A FAIR HEARING

Termination During A Certification Period

If you suspend or terminate participants from the WIC program during a certification period and you receive their fair hearing requests within 15 days of the notification, they are entitled to continue to receive WIC vouchers and nutrition care pending the hearing decision.

Denial of Initial Application

If a person is appealing the denial of an initial WIC application, s/he is not eligible to receive WIC vouchers and nutrition care pending the results of the hearing.

No Longer Eligible at Repeat Certification

A person found no longer eligible for WIC benefits at a repeat certification is not eligible to receive WIC vouchers and nutrition care pending the hearing decision.

DENIAL OR DISMISSAL OF A FAIR HEARING REQUEST

A fair hearing may be denied if:

1. A participant's food benefits have been reduced or changed as a result of a modification in the food package prescribed by a CPA

2. A participant's food benefits are revised or reduced by the state agency (e.g., higher-priced items are disallowed as a cost-saving measure)

3. A participant is disqualified mid-certification due to fiscal necessity (e.g., unforseen budget cuts, severe inflation rates).

A fair hearing request may be dismissed if the applicant or participant fails to report for the hearing without prior notification.

PARTICIPANT VIOLATIONS OF THE WIC PROGRAM

YOU MAY DISQUALIFY A WIC PARTICIPANT IF YOU PROVE THAT S/HE IS IN VIOLATION OF WIC PROGRAM RULES AND REGULATIONS.

There are three categories of abuse under which a participant may be disqualified from the WIC Program. They are:

1. Administrative Abuse This includes:

   - knowingly and deliberately misrepresenting medical or income data in order to obtain WIC benefits

2. Voucher System Abuse This includes:

   - participating in more than one WIC Program or WIC program site simultaneously ("dual participation")
   - selling supplemental foods or food vouchers, or exchanging foods or food vouchers, with other individuals or vendors
   - receiving cash or credit from WIC vendors toward purchase of unauthorized food or other items in exchange for supplemental food or food vouchers
   - stealing WIC vouchers
   - alleging that WIC vouchers were stolen or lost in order to receive two sets of vouchers.

3. Verbal/Physical Abuse This includes:

   - verbally or physically threatening local WIC program staff or WIC vendors.

DOCUMENTING ABUSE

DOCUMENT ANY INFORMATION PROVING THAT A WIC PARTICIPANT IS IN VIOLATION OF THE WIC PROGRAM BEFORE YOU TAKE ANY ACTION AGAINST HER/HIM.

KEEP CONFIDENTIAL THE NAMES OF PERSONS SUBMITTING COMPLAINTS OF PARTICIPANT ABUSE.

COMPLAINTS BY WIC STAFF

Document the complaint in writing and file it in the participant's record.

OTHER COMPLAINTS

If someone other than a member of your staff submits a complaint against a WIC participant, explain to her/him that you cannot take any action against the participant unless the person bringing the complaint is willing to provide a written statement explaining the violation/complaint.

Include in the statement the name of the WIC participant who is in alleged violation of the program, the grounds for complaint(s), the place where the violation took place (if applicable), the date when the incident(s) occurred, and the full signature of the person submitting the complaint.

IMPOSING PENALTIES

BEFORE IMPOSING ANY PENALTY, NOTIFY THE PARTICIPANT OF THE CLAIM(S) MADE AGAINST HER/HIM, THE POSSIBLE PENALTY, AND THE RIGHT TO A FAIR HEARING.

NOTIFYING THE PARTICIPANT OF THE COMPLAINT

Before you impose any penalty (including a written warning), notify the participant of the alleged claim(s) made against her/him, the possible penalty, and her/his right to a fair hearing if s/he is disqualified.

NOTE: You may inform a participant of an accusation made against her/him even if a written statement has not been provided, and base any further inquiry on the participant's response.

DETERMINING THE PENALTY

The program director decides what penalty, if any, should be imposed upon a participant based on the severity of the violation and the hardship that such penalty would create for the participant or the participant's children. Some options are:

- issuing a warning notice to the participant to cease the abusive activity
- requiring the participant to reimburse the state WIC office for the amount of food received in violation of WIC regulations
- requiring a written apology to WIC staff or vendors who were verbally or physically abused
- disqualifying the participant for a specific time period, not to exceed three months
- imposing other sanctions as defined by the state WIC office.

NOTIFYING PARTICIPANTS OF PENALTIES

If you decide to sanction a participant for program abuse:

1. Send a letter to the participant outlining the abuse and the penalty to be imposed. Include a sentence saying, "Imposition of this penalty does not preclude any other penalties under State, federal or local law", and inform the participant of her/his right to a fair hearing.

2. File a copy of the letter in the participant's record.

3. Send a copy to the state WIC office.

See the TERMINATION DURING CERTIFICATION PERIOD section of this Procedure Manual.

TRANSFERS

USE THE SAME POLICY FOR IN-STATE AND OUT-OF-STATE TRANSFERS.

ENROLL ALL TRANSFERRING PARTICIPANTS FOR THE DURATION OF THEIR CURRENT CERTIFICATION PERIOD, WHETHER THEY ARE IN A PRIORITY YOU CURRENTLY SERVE OR NOT.

TRANSFERRING PARTICIPANTS HAVE 60 DAYS FROM THE ISSUE DATE OF THEIR LAST SET OF VOUCHERS OR UNTIL THE END OF THEIR CERTIFICATION PERIOD (WHICHEVER COMES FIRST) TO EITHER PICK UP VOUCHERS AT THE NEW WIC PROGRAM OR RETURN TO THEIR OLD WIC PROGRAM TO RE-ENROLL.

TRANSFERS OUT OF YOUR PROGRAM

1. Check the expiration date of each participant's certification period.

   - If the certification period will last for six weeks or more, transfer the participant immediately using steps 2 through 6 below.

   - If the certification period will expire within six weeks, try to recertify the participant before transferring her/him.

   - If the certification period will expire within six weeks and you can't recertify the participant because s/he has or will have moved, set up a recertification appointment at the new program.

2. Contact the program to which the participant is transferring to arrange for the first voucher pick-up. If this is not possible, explain to the participant that s/he must make the arrangements her/himself, and that s/he must pick up the next vouchers within 60 days or by the end of the certification period, whichever comes first; otherwise s/he will have to reapply for WIC benefits.

3. Complete the Verification of Certification (VOC) form as completely as possible. For transfers within Massachusetts, see the Program List for complete information about the new WIC program.

Fill in the "Date Certification Expires" with the last month in the current certification period or the last month the participant will be categorically eligible (6 weeks postpartum, 6 months postpartum, 1 year postpartum, 5 years old), whichever comes first.

Use:

a. One copy for the participant
b. One copy for the program to which the participant is transferring
c. One copy for the participant's file

4. If the participant is transferring in-state, send a complete copy of the most recent certification records to the participant's new WIC program within one week of the transfer request. (When a participant signs the affidavit of rights and responsibilities at a certification, s/he automatically gives you permission to make copies of her/his records for a transfer.) Include:

- Completed VOC form
- Most recent Certification form
- Most recent "Income Eligibility Form"
- Most recent "Rights and Responsibilities" form (signed)
- Growth chart (optional but helpful).

5. If the participant is transferring out-of-state, fill out the VOC form, give a copy to the participant, and either:

o Send copies of the certification records with the participant

or

o Tell the participant to have the new WIC program request the certification records from you.

6. Terminate each transferring participant's computer record using the standard termination procedure.

See the TERMINATION PROCEDURES section of this Procedure Manual.

7. Document the termination on the "Income Eligibility Form".

See the TERMINATION PROCEDURES section of this Procedure Manual.

8. Attach a copy of the VOC form to the terminated record.

TRANSFERS INTO YOUR PROGRAM

Enroll all transfers, including out-of-state, for the duration of their current certification period, whether or not you are currently serving their priority.

Massachusetts Transfers

1. When a Massachusetts participant arrives at your program for vouchers, ask for her copy of the completed Massachusetts transfer form and a current Massachusetts WIC ID card (or other form of identification).

2. Check the VOC form to see if the participant is still eligible to receive vouchers.

   - If the certification period has expired or if more than 60 days has passed since receipt of vouchers, schedule a certification/ repeat certification appointment. Do not issue vouchers until certification is complete.

   - If the participant is still eligible for benefits, issue vouchers but not sooner than one month after the issue date of the last set received. (You do not have to have copies of the participant's record before you can issue vouchers.)

3. Set up a certification record for the duration of the participant's certification period. At a minimum, the participant must have a VOC form.

4. Issue vouchers to the participant as close as possible to one month from the last issue date of the previous set of bi-monthly vouchers.

5. Explain your program's rules.

6. Enter the participant's record into your computer file using the actual certification dates.

   - Be sure to enter the most recent certification date, or the computer will purge the record from the participant masterfile because it is too old.

   - If the "most recent certification date" is different from the "initial certification date", be sure to enter both dates on the Type 1 input form.

   - If you cannot determine the participant's priority from the VOC card, have a nutritionist attempt to determine the appropriate priority to enter on the input form.

7. If a transferring participant comes to your program without a VOC form or without having notified the former program of plans to transfer, contact the former program to:

   - verify certification
   - request copies of the most recent Certification, Rights and Responsibilities and Income Eligibility forms
   - request data for completing the VOC form.

   Then complete the VOC form. Send one copy to the former program, give one copy to the participant, and file one in the participant record.

8. If you receive a VOC form and certification forms from another Massachusetts WIC program but the participant doesn't appear before her/his certification period expires or within 60 days of receipt of the last set of vouchers, file the records with your initial "no shows".

Out-of-State Transfers

1. If a participant arrives at your program with a valid "Verification of Certification" (VOC) card or with a valid state-produced transfer form and a valid personal ID, complete the steps outlined under MASSACHUSETTS TRANSFERS using the information on the out-of-state form.

   Also:

   3. The participant must have a valid VOC card or a valid out-of-state transfer form.

   5. Have the participant read and sign the "Rights and Responsibilities" form.

   You do not need to fill out the Massachusetts transfer form.

   NOTE: It is not necessary to obtain a participant's out-of-state certification records; however, you may request them to help ensure continuity of nutrition care for the participant. You may need to ask the participant to authorize release of the records.

MASSACHUSETTS WIC PROGRAM

VERIFICATION OF CERTIFICATION/INTERAGENCY TRANSFER FORM

Current WIC Program:

Name of Program

Street

City/Town Zip Code

( ) Telephone

Staff name (print)

Staff signature Date

New WIC Program:

Name of Program

Street

City/Town Zip Code

( ) Telephone

Family's new address:

Street

City/town Zip code

( ) Telephone

Note to current WIC program: Please send most recent Certification form, Income Eligibility form, Rights and Responsibilities form for each participant to new WIC Program.

Names of participants in family	ID number	EDC/ DOB	Initial certif. date	Most recent certif. date*	Date cert. expires**	Food pkg.	Priority and current certification reason	Date of last voucher pick-up**
1.								
2.								
3.								
4.								

Comments:

* Income eligibility determined on this date.

** Next vouchers must be picked up within 60 days of last voucher pick-up or before date certification expires, whichever comes first. Otherwise, participant must reapply for benefits.

Hotline number for Massachusetts WIC: (1)800-WIC-1007

Notice to out-of-state WIC programs: Participant has authorized release of records. Please request from WIC Program indicated above.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington D.C. 20250.

WI Form #1

NOTIFICATION REQUIREMENTS

PROVIDE WRITTEN NOTIFICATION OF INELIGIBILITY FOR/EXPIRATION OF WIC BENEFITS TO:

- APPLICANTS FOUND INELIGIBLE AT INITIAL CERTIFICATION
- APPLICANTS OR PARTICIPANTS PLACED ON A WAITING LIST
- PARTICIPANTS WHO BECOME INELIGIBLE DURING A CERTIFICATION PERIOD
- PARTICIPANTS WHOSE CERTIFICATION PERIOD IS ABOUT TO EXPIRE
- PARTICIPANTS FOUND INELIGIBLE AT REPEAT CERTIFICATION

DOCUMENT THE NOTIFICATION ON THE APPLICANT'S MRF OR IN THE PARTICIPANT'S RECORD.

All notification letters referred to in this section are included in the Originals Packet.

INELIGIBILITY AT INITIAL CERTIFICATION

IF APPLICANTS ARE FOUND INELIGIBLE FOR WIC BENEFITS AT INITIAL CERTIFICATION, NOTIFY THEM IN WRITING OF THEIR INELIGIBLITY AND OF THEIR RIGHT TO A FAIR HEARING.

GIVE/SEND NOTIFICATION WITHIN 20 DAYS OF YOUR RECEIPT OF THE APPLICATION (10 DAYS FOR HIGH RISK APPLICANTS).

Use the "NOT ELIGIBLE LETTER" to notify applicants that they are not eligible for WIC. Give or send this letter within 20 days of your receipt of their application (10 days for high risk applicants).

Document notification by:

** attaching a copy of the "NOT ELIGIBLE LETTER" to the application (MRF)

OR

** noting on the application that notification was given, the reason for ineligibility, the date of notification and staff initials.

NOTE: File records of ineligible applicants separately from records of terminated participants. See the PARTICIPANT RECORDS section of this Procedure Manual.

WAITING LIST STATUS

IF YOU PLACE APPLICANTS OR PARTICIPANTS ON A WAITING LIST, NOTIFY THEM IN WRITING OF THEIR WAITING LIST STATUS AND THEIR RIGHT TO A FAIR HEARING.

Use the "WAITING LIST LETTER" to notify applicants and participants that they have been put on a waiting list.

** Give this notification to applicants within 20 days of your receipt of their application (10 days for high risk applicants)

** Give this notification to participants at the end of a certification period, after you have determined that they are in a priority you are not currently serving.

Document notification by:

- attaching a copy of the "WAITING LIST LETTER" to the Medical Referral Form or other record of application

OR

- noting on the MRF or other record of application the reason for waiting list status, date of notification, and your initials.

TERMINATION DURING CERTIFICATION PERIOD

PARTICIPANTS MAY BE TERMINATED DURING A CERTIFICATION PERIOD FOR CATEGORICAL INELIGIBILITY, MISSED VOUCHER PICK-UPS, OVER-INCOME, NO LONGER BREASTFEEDING, AND ABUSE OF WIC PROGRAM BENEFITS.

NOTIFY THESE PARTICIPANTS IN WRITING NOT LESS THAN 15 DAYS BEFORE THEIR TERMINATION DATE, AND TELL THEM OF THEIR RIGHT TO A FAIR HEARING.

CATEGORICAL INELIGIBLITY

Use the "NO LONGER ELIGIBLE LETTER" to notify participants that their WIC benefits are about to expire because they are no longer categorically eligible. This includes children turning 5 years old, non-breastfeeding women at 6 months postpartum, and breastfeeding women at 1 year postpartum.

Give the "NO LONGER ELIGIBLE LETTER" to participants with their last set of vouchers. If they do not pick up the last set of vouchers, mail the notification at least 15 days before the vouchers expire.

Document notification by:

-- filing a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

-- noting in the participant's record that the notification was given, including the reason for categorical ineligibility, the date notification was given, and your initials

OR

-- completing the TERMINATION DOCUMENTATION section of the Participant Data form.

MISSED VOUCHER PICK-UP

Use the "MISSED VOUCHERS LETTER" to remind participants that they have not picked up vouchers and that they will be terminated if they also fail to pick up the following set of vouchers. This following set of vouchers is considered to be their "last month eligible". Mail the letter:

- o immediately after the first missed voucher pick-up

OR

- o at the end of the month in which the first set of vouchers was not picked up

OR

- o upon the expiration of the first set of vouchers not picked up.

If the following set of vouchers is not picked up, additional notification of termination is not necessary. (See the MISSED VOUCHER PICK-UP section of this Procedure Manual.

Document notification by:

-- filing a copy of the "MISSED VOUCHERS LETTER" in the participant's record

OR

-- noting in the participant's record that the "MISSED VOUCHERS LETTER" was sent, including the date it was sent, the last month eligible, and your initials

OR

-- completing the TERMINATION DOCUMENTATION section of the Income Eligibility form.

OVER-INCOME

Participants may become ineligible during a certification period if a family member is found to be over-income at a certification or repeat certification.

Use the "NO LONGER ELIGIBLE LETTER" to notify participants that their WIC benefits are about to expire because they are no longer income eligible. Give participants this letter at the time ineligibility is determined for the other family member.

Give the participant a last set of vouchers if the issue date falls before 15 days after income ineligibility is determined and the "NO LONGER ELIGIBLE LETTER" is given.

Document notification by:

-- filing a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

-- noting in the participant's record that the "NO LONGER ELIGIBLE LETTER" was given, the date it was given, the reason for termination, the last month eligible, and your initials

OR

-- completing the TERMINATION DOCUMENTATION section of the Income Eligibility form.

NO LONGER BREASTFEEDING

Women who stop breastfeeding may become ineligible for benefits during a certification period.

* Women who stop breastfeeding after 6 months postpartum are no longer categorically eligible for WIC benefits.

* Women who stop breastfeeding before 6 months postpartum are still eligible as Priority 4b or Priority 6 postpartum women, but if your program is not serving one or both of these priorities, terminate them and put them on your waiting list.

Use the "NO LONGER ELIGIBLE LETTER" to notify women who have stopped breastfeeding that their WIC benefits are about to expire. Give them this letter at the time they notify you that they have stopped breastfeeding.

** Check "no longer breastfeeding" if their baby is more than 6 months old

** Check "at nutritional risk, but there are applicants at higher risk on the waiting list" if they could be enrolled as Priority 4b or Priority 6 but your program is not currently serving these priorities.

Give women a last set of vouchers if the issue date falls before 15 days after the "NO LONGER ELIGIBLE LETTER" is given.

Give a "WAITING LIST NOTIFICATION LETTER" to Priority 4b and Priority 6 women if you terminate them.

Document notification by:

-- filing a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record OR

-- noting in the participant's record that the "NO LONGER ELIGIBLE LETTER" was given, the date it was given, the reason for termination, the last month eligible, and your initials OR

-- completing the TERMINATION DOCUMENTATION section of the Income Eligibility Form.

Keep a record of Priority 4b and Priority 6 women who have been terminated and put on the waiting list.

ABUSE OF WIC PROGRAM BENEFITS

Sanction a participant for program abuse by:

1. Sending a letter to the participant outlining the abuse and the penalty to be imposed. Include a sentence saying, "Imposition of this penalty does not preclude any other penalties under State, federal or local law," and notify the participant of her/his right to a fair hearing.

2. Filing a copy of the letter in the participant's record.

3. Sending a copy to the state WIC office.

INELIGIBILITY AT REPEAT CERTIFICATION

IF PARTICIPANTS ARE FOUND NO LONGER ELIGIBLE FOR WIC BENEFITS AT REPEAT CERTIFICATION, NOTIFY THEM IN WRITING OF THEIR INELIGIBILITY AND THEIR RIGHT TO A FAIR HEARING.

Use the "NO LONGER ELIGIBLE LETTER" to notify participants of their ineligibility to continue WIC benefits. Check the appropriate reason for ineligibility:

* no longer living is Massachusetts
* no longer income eligible
* no longer at nutritional risk
* at nutritional risk but there are applicants at higher risk on the waiting list
* no longer breastfeeding

Document notification by:

-- putting a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

-- noting in the participant's record that the notification letter was given, the date it was given, the reason for ineligibility, and staff initials

OR

-- completing the TERMINATION DOCUMENTATION section on the Income Eligibility form.

NOTE: Be sure to document distribution of the "END OF CERTIFICATION PERIOD LETTER" in the records of participants who are found ineligible at recertification or who are put on a waiting list at recertification.

EXPIRATION OF CERTIFICATION PERIOD

IF A PARTICIPANT'S CERTIFICATION PERIOD IS ABOUT TO EXPIRE, NOTIFY HER/HIM IN WRITING NOT LESS THAN 15 DAYS BEFORE THE END OF THE CERTIFICATION PERIOD.

DOCUMENT DISTRIBUTION OF THE "END OF CERTIFICATION PERIOD LETTER" IN THE RECORDS OF PARTICIPANTS WHO ARE FOUND INELIGIBLE AT RECERTIFICATION, WHO ARE PUT ON A WAITING LIST AT RECERTIFICATION, OR WHO FAIL TO COMPLETE RECERTIFICATION.

INFANTS AND CHILDREN

Use the "END OF CERTIFICATION PERIOD LETTER" to notify participants that their certification period is about to expire. Give this letter to participants at least 15 days before the end of the certification period.

- For children and breastfeeding women, give the letter with the fifth and sixth (last) sets of vouchers in the certification period. For infants, give the letter with the vouchers they receive in the months they turn 10 and 11 months old. This provides 60 days notice, since the certification period expires when the sixth set of vouchers expires

OR

- Send the letter by mail if the participant has missed the last voucher pickup in the certification period. The participant must receive the letter at least 15 days before the last (sixth) set of vouchers expires.

Document notification by:

-- putting a copy of the "END OF CERTIFICATION PERIOD LETTER" in the participant's record

OR

-- noting in the participant's record that the letter was given/mailed, the date the letter was given/mailed, the last month eligible, and your initials

OR

-- completing the TERMINATION DOCUMENTATION section of the Income Eligibility form.

POSTPARTUM WOMEN

Use a modified form of the "END OF CERTIFICATION PERIOD LETTER" to notify women who were on WIC prenatally and who have just delivered that their certification period ends when their baby is 6 weeks old. Give this notification to women as soon as they notify you that their baby has been born. (Their last set of vouchers will be the last set with an issue date before the day their infant becomes 6 weeks old.)

Document notification by:

-- putting a copy of the modified "END OF CERTIFICATION PERIOD LETTER" in the participant's record which includes the woman's date of delivery

OR

-- noting in the participant's record that the letter was given/mailed, the date the letter was given/mailed, the delivery date, the last month eligible, and your initials

OR

-- completing the TERMINATION DOCUMENTATION section of the Income Eligibility form.

TERMINATIONS

REMOVE PARTICIPANTS FROM ACTIVE PARTICIPATION IN THE WIC PROGRAM DUE TO INELIGIBILITY AS DEFINED BY FEDERAL REGULATIONS AND STATE AND LOCAL POLICY.

TERMINATION MAY TAKE PLACE BOTH IN MID-CERTIFICATION AND AT THE END OF A CERTIFICATION PERIOD.

REASONS FOR TERMINATION

TERMINATE PARTICIPANTS FROM THE WIC FOR INELIGIBILITY OR NON-COMPLIANCE WITH WIC PROGRAM POLICIES AND PROCEDURES.

The following is a list of reasons a participant may be terminated from the WIC Program. See the Procedure Manual section listed next to each item for more information.

REASON	PROCEDURE MANUAL SECTION
DURING CERTIFICATION PERIOD	
Categorical ineligibility (done automatically by the computer)	CATEGORICAL ELIGIBILITY
Participant stops breastfeeding	CATEGORICAL ELIGIBILITY
	APPLICATIONS WITH A WAITING LIST
Income ineligibility	INCOME ELIGIBILITY
Missed voucher pick-up	MISSED VOUCHER PICK-UP
Participant fraud and abuse	PARTICIPANT VIOLATIONS OF THE WIC PROGRAM
Transfer	TRANSFERS

REASON	PROCEDURE MANUAL SECTION
AT END OF CERTIFICATION PERIOD	
Geographical ineligibility	GEOGRAPHICAL ELIGIBILITY
Income ineligibility	INCOME ELIGIBILITY
No longer at nutritional risk	NUTRITIONAL RISK
Higher priorities waiting	NUTRITIONAL RISK APPLICATIONS WITH A WAITING LIST
No repeat certification appointment	MISSED CERTIFICATION/RECERTIFICATION APPOINTMENTS

TERMINATION PROCEDURES

DEVELOP AND FOLLOW A PROTOCOL FOR PROCESSING TERMINATIONS IN A CONSISTENT AND TIMELY MANNER WHICH INCLUDES:

1. NOTIFYING PARTICIPANT
2. DOCUMENTING TERMINATION IN PARTICIPANT RECORD
3. SENDING COMPUTER INPUT TO STATE OFFICE
4. FILING TERMINATED RECORDS IN APPROPRIATE MANNER

INCLUDE IN THE TERMINATED PARTICIPANT RECORD ALL FORMS DOCUMENTING ELIGIBILITY AND NOTIFICATION OF TERMINATION.

NOTIFICATION OF TERMINATION

Inform all participants, in writing, of impending termination at least 15 days prior to termination. See the NOTIFICATION REQUIREMENTS section in this Procedure Manual.

DOCUMENTING TERMINATIONS

Document the termination notification in the participant's record on the bottom of the Income Eligibility form:

1. Reason - Check the appropriate reason.

   ** For postpartum women ("6 wk PP"), fill in the date of delivery.

   ** For missed voucher pickup ("Missed _____ & _____ VPU"), write the two months when vouchers were not picked up.

2. Last month eligible - For participants terminated either at the end of a certification period or during a certification period for categorical or income eligibility, transfer, or no longer breastfeeding, the "last month eligible" is the month on the last set of vouchers which were picked up (or should have been picked up.)

   For participants terminated for missed voucher pick-up, the "last month eligible" is the month on the second set of missed vouchers.

3. Letter(s) used - Use a code to note the type of letter(s) given/ mailed to the participant.

   ** Document distribution of the "END OF CERTIFICATION PERIOD LETTER" for all terminations occurring at repeat certification (no longer eligible, waiting list, no recertification) when the participant's certification period has expired.

   ** Give the "WAITING LIST NOTIFICATION LETTER" to Priority VI women if they submit a postpartum Medical Referral Form.

4. Date letter given/mailed

6. Staff initials

Example A: 5 year-old categorically ineligible

TERMINATION DOCUMENTATION

Reason

5 years old(1)	✓	Non-resident(3)	___	Missed ___ & ___	VPU(4)
1 year PP-BF(1)	___	Transfer to(3)	___	No repeat cert.(5)	___
6 mo. PP (1)	___	Over income(7)	___	Other	___
No longer BF(1,8)	___	No nutr. risk(2)	___		
6 wk PP(8)	___	Waiting list(8)	___		
(DOD ___)					

Last month eligible June | Letter(s) used no longer eligible | Date letter given/mailed 6/9/89 | Staff initials MS

MA WIC 6/89
WIC Form #98

Example B: Priority 6 postpartum woman

TERMINATION DOCUMENTATION

Reason

5 years old(1)	___	Non-resident(3)	___	Missed ___ & ___	VPU(4)
1 year PP-BF(1)	___	Transfer to(3)	___	No repeat cert.(5)	___
6 mo. PP (1)	___	Over income(7)	___	Other	___
No longer BF(1,8)	___	No nutr. risk(2)	___		
6 wk PP(8)	✓	Waiting list(8)	___		
(DOD 8/16/89)					

Last month eligible Sept | Letter(s) used no longer elig waiting list | Date letter given/mailed 9/14/89 | Staff initials MS

MA WIC 6/89
WIC Form #98

Example C: Over-income at repeat certification

TERMINATION DOCUMENTATION

Reason

5 years old(1)	___	Non-resident(3)	___	Missed _____ & _____	VPU(4)
1 year PP-BF(1)	___	Transfer to(3)	_____	No repeat cert.(5)	___
6 mo. PP (1)	___	Over income(7)	✓	Other	_____
No longer BF(1,8)	___	No nutr. risk(2)	___		
6 wk PP(8)	___	Waiting list(8)	___		
(DOD	_____)				

Last month eligible June

Letter(s) used - end of cert, no long. elig.

Date letter given/mailed 5/15/89, 7/17/89

Staff initials MS

MA WIC 6/89
WIC Form #98

Example D: Waiting list at repeat certification

TERMINATION DOCUMENTATION

Reason

5 years old(1)	___	Non-resident(3)	___	Missed _____ & _____	VPU(4)
1 year PP-BF(1)	___	Transfer to(3)	_____	No repeat cert.(5)	___
6 mo. PP (1)	___	Over income(7)	___	Other	_____
No longer BF(1,8)	___	No nutr. risk(2)	___		
6 wk PP(8)	___	Waiting list(8)	✓		
(DOD	_____)				

Last month eligible July

Letter(s) used end of cert, no long. elig., waiting list

Date letter given/mailed 6/3/89, 8/5/89, 8/5/89

Staff initials MS

MA WIC 6/89
WIC Form #98

Example E: Did not pick up vouchers for two months

TERMINATION DOCUMENTATION

Reason

5 years old(1)	___	Non-resident(3)	___	Missed June & July	VPU(4)
1 year PP-BF(1)	___	Transfer to(3)	___ ___	No repeat cert.(5)	___
6 mo. PP (1)	___	Over income(7)	___	Other	_____
No longer BF(1,8)	___	No nutr. risk(2)	___		
6 wk PP(8)	___	Waiting list(8)	___		
(DOD	_____)				

Last month eligible July

Letter(s) used missed VPU

Date letter given/mailed 7/15/89

Staff initials MS

MA WIC 6/89
WIC Form #98

Example F: No show for repeat certification

TERMINATION DOCUMENTATION

Reason

5 years old(1)	___	Non-resident(3)	___	Missed ___ & ___ VPU(4)	
1 year PP-BF(1)	___	Transfer to(3)	___	No repeat cert.(5)	✓
6 mo. PP (1)	___	Over income(7)	___	Other	___
No longer BF(1,8)	___	No nutr. risk(2)	___		
6 wk PP(8)	___	Waiting list(8)	___		
(DOD ___)					

Last month eligible July

Letter(s) used end of cert

Date letter given/mailed 6/8/89

Staff initials MS

MA WIC 6/89
WIC Form #98

DOCUMENTING TERMINATIONS

REASON	CODE	TYPE OF NOTIFICATION *
5 years old	1	A
1 year postpartum/breastfeeding	1	A
6 months postpartum	1	A
No longer breastfeeding (after 6 months postpartum)	1	A
No longer breastfeeding (non-teen before 6 months postpartum, when Priority 6 is not served)	8	A, C
6 weeks postpartum (note date of delivery)	8	A or D, C if PP MRF submitted
Non-resident	3	A, D
Transfer	3	transfer form
Over-income (at recertification)	7	A, D
Over-income (during certification period)	7	A
No nutritional risk	2	A, D
Higher priorities waiting	8	A, D, C
Missed 2 months of vouchers (note which 2 months missed)	4	B
Not recertified	5	D

* KEY FOR LETTERS:

A. No Longer Eligible Letter
B. Missed Vouchers Letter
C. Waiting List Notification Letter
D. End of Certification Period Letter

You may also document termination by putting a copy of the notification letter(s) in the participant's record if the letter(s) include:

1. the reason for termination
2. the last month eligible
3. the date notification was given/mailed
4. staff initials
5. the date of delivery for non-breastfeeding, postpartum women

COMPUTER INPUT FOR TERMINATION

Submit computer input for terminations promptly to ensure accurate caseload statistics and to prevent unnecessary voucher production. See the CODES FOR PARTICIPANT INPUT FORMS section in the Voucher System Manual for termination codes for computer input.

FILING INACTIVE RECORDS

File all forms documenting a participant's original eligibility in the terminated record, including:

- Assessment and certification forms
- Income Eligibility form(s)
- Affidavit of Rights and Responsibilities
- Medical Referral Form(s)
- Any other forms used for certification or documentation (e.g., growth charts)

Keep all terminated records for seven years from the end of the fiscal year to which the record pertains. See the RECORDKEEPING and PARTICIPANT RECORDS sections of this Procedure Manual.

Do not file with your terminated records:

- applications (MRFs) of ineligible applicants
- applications (MRFs) of applicants who never showed up for initial certification.

STANDARD FORMS AND FORM LETTERS

USE THE STANDARD FORMS AND FORM LETTERS PROVIDED TO YOU BY THE STATE WIC OFFICE SO THAT ALL PROGRAMS FOLLOW STANDARD PROCEDURES, ALL PARTICIPANTS RECEIVE UNIFORM NOTIFICATION, AND ALL WIC RECORDS CONTAIN STANDARD INFORMATION.

ORDER STATE-PRODUCED FORMS FROM THE STATE WIC OFFICE USING THE MASSACHUSETTS WIC PROGRAM ORDER FORM.

SEE THE "ORIGINALS PACKET" FOR BLANK COPIES OF ALL FORMS NOT PRINTED BY THE STATE WIC OFFICE. MAKE COPIES AS NEEDED.

SEE THE "ORIGINALS PACKET" FOR BLANK COPIES OF ALL FORM LETTERS NOT PRINTED BY THE STATE WIC OFFICE. MAKE COPIES ON YOUR LETTERHEAD AS NEEDED.

MAINTAIN AN ADEQUATE SUPPLY OF FORMS SO THAT YOU DO NOT RUN OUT.

The following sections outline in detail the forms and form letters that you are required to use for all WIC functions: referral, nutrition assessment, certification, food delivery, participant notification, fair hearings, CPA approval, fiscal reporting, vendor selection, vendor contracting, and monitoring.

Each section (Administrative, Nutrition, Fiscal, Vouchers, and Vendors) has a chart listing all the forms you are required to use, where to get them, and where to find instructions for using them.

- Some forms are printed by the state WIC office in large quantities.
- Some forms and form letters are included in an "Originals Packet" so you can make copies as needed.
- Some forms are updated regularly and sent directly to you

EXCEPT FOR THE FORMS MARKED ON THE CHART WITH AN *, YOU ARE REQUIRED TO USE ALL THE FORMS OUTLINED IN THE FOLLOWING SECTIONS.

ADMINISTRATIVE FORMS

USE THE ADMINISTRATIVE FORMS PROVIDED BY THE STATE WIC OFFICE SO THAT CERTIFICATION, FAIR HEARING, AND TRANSFER PROCEDURES ARE CONSISTENT ACROSS THE STATE.

USE THE ADMINISTRATIVE FORM LETTERS PROVIDED BY THE STATE WIC OFFICE SO THAT ALL WIC PARTICIPANTS RECEIVE THE SAME INFORMATION ABOUT ELIGIBILITY AND TERMINATION.

FORMS

See next page for where to find detailed instructions for each form.

FORM LETTERS

See next page for where to find detailed instruction for each form letter.

** These form letters meet all the notification requirements established by Federal regulation and the state WIC office. (You may develop your own letters, but they must include all the information contained in the standard letters.)

** Copy the blank letters in the "Originals Packet" onto your program's letterhead. Be sure to include a phone number and the name of a contact person.

LOCAL PROGRAM PRODUCED MATERIALS

- Any materials which you produce yourself to provide information regarding participation requirements, program benefits, eligibility, and public notification must contain the current non-discrimination clause. See the CIVIL RIGHTS section in this Procedure Manual.

- Any materials which you produce to provide information regarding eligibility determination must contain information on fair hearings and the Massachusetts WIC hotline number (1-800-WIC-1007). See the sections entitled FAIR HEARINGS and THE RIGHT TO A FAIR HEARING in this Procedure Manual.

- Any promotional materials you produce must include the following clause: "The Massachusetts Department of Public Health provides funds for these services."

ADMINISTRATIVE FORMS AND FORM LETTERS

FORM/LETTER	WHERE TO GET IT	INSTRUCTIONS
MANUAL COUNT OF MONTHLY PARTICIPATION FORM	Originals Packet	CASELOAD MANAGEMENT section of Procedure Manual
PARTICIPANT DATA FORM	Order from SA	COMPLETING THE PARTICIPANT DATA FORM section of Voucher System Manual and DOCUMENTING INCOME section of Procedure Manual
PARTICIPANT ID CARDS	Order from SA	PARTICIPANT ID CARDS section of Procedure Manual
PARTICIPANT LETTERS	Originals Packet	
- End of Certification Period		EXPIRATION OF CERT PERIOD section of Procedure Manual
- Missed Vouchers		TERMINATION DURING CERTIFICATION PERIOD section of PM
- No Longer Eligible		TERMINATION DURING CERTIFICATION PERIOD and INELIGIBILITY AT REPEAT CERTIFICATION sections of PM
- Not Eligible		INELIGIBILITY AT REPEAT CERTIFICATION section of PM
- Waiting List Notification		WAITING LIST STATUS section of Procedure Manual
REQUEST FOR A FAIR HEARING	Originals Packet	THE RIGHT TO A FAIR HEARING section of PM
RIGHTS AND RESPONSIBILITIES FORM (translations)	Order from SA	PARTICIPANT RIGHTS AND RESPONSIBILITIES section of PM
SITE APPROVAL REQUEST FORM	Originals Packet	SITES section of Procedure Manual
WHAT IS A WIC FAIR HEARING?	Order from SA	THE RIGHT TO A FAIR HEARING section of PM
VOC/INTERAGENCY TRANSFER FORM	Order from SA	TRANSFERS section of Procedure Manual

NUTRITION FORMS

USE THE NUTRITION FORMS PROVIDED BY THE STATE WIC OFFICE SO THAT CERTIFICATION AND CPA APPROVAL PROCEDURES ARE CONSISTENT ACROSS THE STATE.

See next page for where to find detailed instructions for each form.

NUTRITION FORMS AND FORM LETTERS

FORM/LETTER	WHERE TO GET IT	INSTRUCTIONS
BREASTFEEDING FLYERS	Originals Packet	
- The MA WIC Program's Breastfeeding Promotion Policy *		RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS section of Procedure Manual
- What WIC Offers Pregnant and Breastfeeding Women *		RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS section of Procedure Manual
BREASTFEEDING PROMOTION LETTER *	Originals Packet	RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS section of Procedure Manual
CALCULATING AGE A/O DOM (date of measurement) *	Originals Packet	Instruction Guides for Assessment & Certification of: o Infants o Children
CERTIFICATION FORMS	Order from SA	Instruction Guides for Assessment & Certification of:
- Certification - Nutrition assessment - Questionnaire		o Pregnant Women o Postpartum and Lactating Women o Infants o Children
CONTINUING EDUCATION CREDITS	Originals Packet	THE COMPETENT PROFESSIONAL AUTHORITY section of PM
- Level I & II Paraprofessionals - Nutritionists		
COUNSELING EVALUATION GUIDES:	Originals Packet	NUTRITION CARE section of Procedure Manual
- Individual - Group - Secondary Contacts		
CPA APPROVAL FORM	Originals Packet	THE COMPETENT PROFESSIONAL AUTHORITY section of PM
- Level I - Level II		
NUTRITION EDUCATION ACTION PLAN	Originals Packet	NUTRITION EDUCATION ACTION PLAN section of PM
- NEAP - Progress Report		
NUTRITION EDUCATION SURVEY	Originals Packet	PARTICIPANT EVALUATION OF NUTRITION EDUCATION section of Procedure Manual
RECORD REVIEW FORM	Originals Packet	STAFF EVALUATION section of Procedure Manual
REFERRAL FORMS	Order from SA	APPLICATIONS section of Procedure Manual
- Medical - Dental * - Repeat certification *		
TIME STUDY FORMS	Originals Packet	TIME STUDY section of Procedure Manual
- Time Study - Summary Sheet		

* Optional

FISCAL FORMS

USE THE FORMS PROVIDED BY THE STATE WIC OFFICE AND/OR THE DEPARTMENT OF PUBLIC HEALTH'S CENTRAL CONTRACT UNIT TO REPORT EACH FISCAL YEAR'S EXPENDITURES AND TO REQUEST BUDGET AMENDMENTS.

REVISED FORMS AND GUIDELINES FOR THEIR USE ARE ISSUED FOR EACH FISCAL YEAR.

See next page for where to find detailed instructions for each form.

FISCAL FORMS

FORM	WHERE TO GET IT	INSTRUCTIONS
BUDGET AMENDMENT FORMS	Sent to you by Purchase of Service Unit	Ella Naydich, Purchase of Service Unit, 150 Tremont Street, 9th floor, Boston, MA 02111
CLOSEOUT FORMS	Sent to you by Purchase of Service Unit	Ella Naydich, Purchase of Service Unit, 150 Tremont Street, 9th floor, Boston, MA 02111
CONTRACT FORMS	Sent to you by Purchase of Service Unit	Ella Naydich, Purchase of Service Unit, 150 Tremont Street, 9th floor, Boston, MA 02111
MONTHLY EXPENDITURE REPORT - Service Delivery Report - Monthly Expenditure Report - WIC Required Reporting/ Nutrition Education Expenses - Personnel Summary Report	Sent to you by Purchase of Service Unit and included in Originals Packet	Ella Naydich, Purchase of Service Unit, 150 Tremont Street, 9th floor, Boston, MA 02111
PAYMENT VOUCHER	Order from Purchase of Service Unit	Federal-funded programs contact Enid Markovitz, Department of Public Health, Accounting Unit, 150 Tremont Street, 8th floor, Boston, MA 02111 State-funded programs contact Mary O'Connor, Department of Public Health, Accounting Unit, 150 Tremont Street, 8th floor, Boston, MA 02111
PROPERTY MANAGEMENT FORM	Sent to you by SA	FISCAL RECORDS section of Procedure Manual
RECEIPT OF EQUIPMENT NOTICE	Originals Packet	FISCAL RECORDS section of Procedure Manual

VOUCHER FORMS

THE STATE AGENCY PROVIDES YOU WITH FORMS TO STANDARDIZE AND SIMPLIFY VOUCHER GENERATION, DISTRIBUTION AND INVENTORY PROCEDURES.

See next page for where to find detailed instructions for each form.

VOUCHER FORMS AND FORM LETTERS

FORM/LETTER	WHERE TO GET IT	INSTRUCTIONS
ASSIGNED PROGRAM STAMP REGISTER	From SA	PROGRAM STAMPS section of Voucher System Manual
MAILED VOUCHERS LETTER	Originals Packet	MAILING VOUCHERS section of Procedure Manual
MANUAL VOUCHER INPUT FORM	Order from SA	PREPARING MANUAL VOUCHER INPUT FORMS section of Voucher System Manual
MANUAL VOUCHER ORDER FORM	Order from SA	ORDERING MANUAL VOUCHER PACKAGES section of Voucher System Manual
MONTHLY INVENTORY OF MANUAL VOUCHERS	Originals Packet	MONTHLY INVENTORY CHECK section of Voucher System Manual
PARTICIPANT DATA FORM	Order from SA	COMPLETING THE PARTICIPANT DATA FORM section of the Voucher System Manual
PROXY AUTHORIZATION FORM	Originals Packet	PROXIES section of Procedure Manual
STOP PAYMENT FORMS	Order from SA	REPORTING LOST OR STOLEN VOUCHERS section of Voucher System Manual

VENDOR FORMS

THE STATE AGENCY PROVIDES YOU WITH FORMS TO STANDARDIZE AND SIMPLIFY VENDOR SELECTION, AUTHORIZATION AND REVIEW PROCEDURES.

USE THE STANDARD FORM LETTERS PROVIDED TO YOU BY THE STATE WIC OFFICE SO THAT INFORMATION GIVEN TO WIC VENDORS WILL BE CONSISTENT ACROSS THE STATE.

SEE THE "ORIGINALS PACKET" FOR BLANK COPIES OF ALL REQUIRED FORM LETTERS. MAKE COPIES ON YOUR LETTERHEAD AS NEEDED.

FORMS

See next page for where to find detailed instructions for each form and form letter.

FORM LETTERS

The "Originals Packet" contains clean copies of all letters you are required to use to notify vendors about applications, contracting and warnings.

** These form letters meet all the notification requirements established by Federal regulation and the state WIC office. (You may develop your own letters, but they must include all the information contained in the standard letters.)

** When you use these letters, print them on your own letterhead using the blank form letters in the "Originals Packet". Be sure to include a phone number and the name of a contact person.

VENDOR FORMS AND FORM LETTERS

FORM/LETTER	WHERE TO GET IT	INSTRUCTIONS
APPLICATION PACKET RECEIPT	Originals Packet	DISTRIBUTING VENDOR APPLICATIONS section of PM
COMMENT/COMPLAINT FORM	Originals Packet	
- participants		COMMENTS AND COMPLAINTS FROM PARTICIPANTS section of PM
- vendors		COMMENTS AND COMPLAINTS FROM VENDORS section of PM
COMPOSITE PRICE CALCULATION	SA sends to you; also included in Originals Packet	DETERMINING COMPOSITE PRICES section of Procedure Manual
- food vendors		
- pharmacies		
HOME DELIVERY SURVEY FORM	Originals Packet	HOME DELIVERY section of Procedure Manual
LETTERS	Originals Packet	
- acceptance		VENDOR ACCEPTANCE AND REJECTION section of PM
- late application		RECEIVING VENDOR APPLICATIONS section of PM
- other known abuses warning		VENDOR SANCTIONS section of Procedure Manual
- participant complaint warning		VENDOR SANCTIONS section of Procedure Manual
- rejection		VENDOR ACCEPTANCE AND REJECTION section of PM
- return of stamp		THE WIC VENDOR STAMP section of PM
- vendor review warning		VENDOR SANCTIONS section of Procedure Manual
- vendor specialist follow-up		VENDOR SANCTIONS section of Procedure Manual
MANDATORY MINIMUM CHECKLIST	SA sends to you; also included in Originals Packet	THE MANDATORY MINIMUM section of Procedure Manual
- food vendors		
- pharmacies		
PARTICIPANT SHOPPING SURVEY	Originals Packet	DETERMINING NEED FOR VENDORS section of Procedure Manual
REVIEW FORMS	Originals Packet	
- food vendors		VENDOR REVIEWS section of Procedure Manual
- pharmacies		VENDOR REVIEWS section of Procedure Manual
VENDOR SELECTION PLAN	Originals Packet	THE VENDOR SELECTION PLAN section of Procedure Manual
VENDOR STAMP RECEIPT	Originals Packet	VENDOR AUTHORIZATION section of Procedure Manual

RECORDKEEPING

KEEP MOST OF YOUR PROGRAM'S RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

Keep records readily available for 3½ years from the end of the fiscal year to which the records pertain. After that, you may store them off-site.

Destroy files according to the following timetable:

Files that pertain to:	You may destroy on or after:
FY 82 (10/81 - 9/82)	September 30, 1989
FY 83 (10/82 - 9/83)	September 30, 1990
FY 84 (10/83 - 9/84)	September 30, 1991
FY 85 (10/84 - 9/85)	September 30, 1992
FY 86 (10/85 - 6/86)	June 30, 1993
FY 87 (7/86 - 6/87)	June 30, 1994
FY 88 (7/87 - 6/88)	June 30, 1995
FY 89 (7/88 - 6/89)	June 30, 1996
FY 90 (7/89 - 6/90	June 30, 1997
FY 91 (7/90 - 6/91)	June 30, 1998
FY 92 (7/91 - 6/92)	June 30, 1999
FY 93 (7/92 - 6/93)	June 30, 2000

You may have to keep these files longer if the state WIC office or the USDA Food and Nutrition Service requests in writing that you do so.

See the following sections for detailed instructions on participant, food delivery, fiscal and administrative recordkeeping.

PARTICIPANT RECORDS

KEEP MOST PARTICIPANT RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

MAINTAIN SEPARATE FILING SECTIONS FOR EACH OF THE FOLLOWING CATEGORIES OF PARTICIPANTS:

1. ACTIVE PARTICIPANTS
2. TERMINATED PARTICIPANTS
4. APPLICANTS WHO DID NOT KEEP INITIAL CERTIFICATION APPOINTMENT
3. APPLICANTS NOT ELIGIBLE BEFORE OR AT INITIAL CERTIFICATION
5. APPLICANTS AND PARTICIPANTS ON THE WAITING LIST

KEEP FOR SEVEN YEARS:

1. Participant applications (medical referral forms and any other application forms you use) from applicants who:

   -- never kept their initial certification appointment

   -- were found to be ineligible prior to a certification appointment

   -- were found ineligible at the initial certification appointment.

   -- were on your waiting list but never received a certification appointment.

2. Participant certification records, including:

   * Medical referral forms
   * State-produced certification and assessment forms
   * Participant Data forms
   * Affidavits of participant rights and responsibilities
   * Any other forms you use to certify a participant

3. Completed interagency transfer forms. Keep these with the participant's certification records.

4. Fair Hearing requests, correspondence and decisions. Keep these with the participant's or applicant's records.

DO NOT KEEP:

- Blank applications returned to you by the post office for wrong address, addressee unknown, etc.

  Dispose of them upon receipt unless you are able to obtain the correct mailing information.

- Applications you are unable to follow up on due to incomplete or missing addresses.

  Keep them until the medical information provided can no longer be used to determine the person's eligibility.

- Applications with incomplete or outdated medical information.

  Return them to the applicant for completion unless you are able to obtain the needed information yourself.

FOOD DELIVERY RECORDS

KEEP MOST FOOD DELIVERY RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

VOUCHER RECORDS

Keep For Seven Years:

1. Voucher transmittal records
2. Voucher registers
3. Signed input form copies
4. Manual voucher inventory log
5. Void logs
6. Participant reports (fiche or hard copy)
7. Monthly inventory of manual vouchers

Do Not Keep:

- Weekly participant and manual voucher reports. Keep only until errors are corrected.
- Monthly Participant ID Listing. Keep only until next listing is issued.

VENDOR RECORDS

See the VENDOR FILES AND REPORTS section of this Procedure Manual for complete instructions on vendor recordkeeping.

FISCAL RECORDS

KEEP CONTRACTS, MONTHLY EXPENDITURE REPORTS AND EXPENDITURE DOCUMENTATION FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

FOLLOW ALL ACCOUNTING AND REPORTING POLICIES AS DIRECTED BY THE WIC FISCAL UNIT AND THE DEPARTMENT OF PUBLIC HEALTH'S CENTRAL CONTRACTS UNIT.

CONTRACTS

The complete contract between the state and local agencies consists of:

- Master Agreement
- Attachment A: Statement of Work and Objectives
- Attachment B: Statement of Fiscal Conditions (RSC Budget 600-B)
- Attachment C: Statement of Reports and Applicable Statutes
- Attachment D: Contract Authorization and Financial Disclosure
- EOHS General Conditions

Contract forms and instructions are sent to you by the DPH Central Contracts Unit prior to the beginning of each fiscal year.

MONTHLY EXPENDITURE REPORTS

Monthly Expenditure Report forms and instructions are sent to you by the DPH Central Contracts Unit prior to the beginning of each fiscal year. In addition, clean copies of these forms are included in the Original Packet so you can make copies as needed.

Documenting Nutrition Education Expenses

Federal regulations require that at least one-sixth of your administrative expenditures be for nutrition education. Use the "Nutrition Education Expenses" form for this purpose.

Documenting Service Delivery

Use the WIC "Service Delivery Report" for this purpose.

PROPERTY MANAGEMENT

You and the state agency are responsible for maintaining complete and accurate accounts of all property purchased by WIC and used by your program. Several forms are provided to you for this purpose.

Receipt of Equipment Notice

Use the "Receipt of Equipment Notice" to notify the state agency that you have received equipment.

- Fill out the form completely, describing the item, indicating who signed for it, and noting which site it will be used at.
- Attach the packing or delivery slip to the "Receipt of Equipment Notice" and return both to the person indicated on the bottom of the slip.

Property Management Report

Once a year, the state agency sends you a Property Management report. This report includes a separate section for each site operated by your program. It should list every piece of equipment belonging to your program at the time the report is issued.

When you receive the report, go to each site and carefully check to make sure that every item on the list is still in your possession. Fill in any blank spaces, especially the items marked with an asterisk below:

Description of Equipment

I.D. Number

Acquisition date (FY)

Acquisition cost

Property funding source (%) This line indicates who paid for the item:

- WIC The item was purchased for your local program.
- SA The item was purchased for the state agency.
- WIC-SA The item was purchased by the state agency for the local program.

* Location Indicate where the item is currently located in your program: director's office, nutritionist's office (if more than one, number them), waiting room, agency administrative office, etc. Use abbreviations as necessary. If the item is lost or stolen, leave the line blank and check "NO" under availability.

* Availability Check whether you actually have the item in your program. If it is in storage, check "NO".

* Condition of Equipment Write a brief discription of the condition.

* Description Use this space for any other identifying remarks about the item: color, size (2-drawer, 42", single-pedestal, etc.), brand (IBM Selectric, etc.), or type (beam-balance, etc.)

When you return your amended form to the state office, it will be corrected and returned to you. Keep it on file until the next one is issued.

See next page for a sample Property Management report.

SAMPLE COMPLETED PROPERTY MANAGEMENT REPORT

MASSACHUSETTS WIC PROGRAM

PROGRAM NAME Newville WIC, Newville site, p. 1

Description of Equipment	I.D. Number	Acquisition date(FY)	Acquisition cost	Property funding source(%)	Location	Availability YES	Availability NO	Condition of Equipment	Description
1 desk	015-1 WIC	1979	144.37	WIC	Dir office	x		Good	Double-pedestal
2 desk chairs	015-2 WIC	1979	115.34	WIC	Dir office	x		Good	W/out arms
		1983	80.45	WIC-SA	Nutr ofc 3	x		Good	Tan/brown, w/out arms
5 side chairs	015-16 WIC	1984	SA	SA	Wait room	x		Good	W/ arms, orange upholstered
	015-17 WIC	1984	SA	SA	Wait room	x		Good	W/out arms; orange upholstered
	015-18 WIC	1984	SA	SA	Wait room	x		Good	W/out arms; orange upholstered
	015-19 WIC	1984	SA	SA	Wait room	x		Good	W/out arms; orange upholstered
	015-20 WIC	1984	SA	SA	Wait room	x		Good	W/out arms; orange upholstered
5 file cabinets	015-3 WIC	1979	156.40	WIC	Dir office	x		Poor	4-drawer
		1981	187.45	WIC	Dir office	x		Good	4-drawer
		1981	121.61	WIC	Dir office	x		Good	2-drawer
		1983	107.50	WIC-SA	Nutr ofc 1	x		Good	2-drawer; putty
		1984	167.85	WIC-SA	Nutr ofc 2	x		Good	4-drawer; tan
2 bookcases	015-5 WIC	1979	94.24	WIC	Dir office	x		Good	
		1984	66.15	WIC-SA	Nutr ofc 1	x		Good	42" putty
1 work table	015-12 WIC	1984	136.72	WIC-SA	Library	x		Good	36 x 24, tan/teak
1 infant scale	015-11 WIC	1982	172.00	WIC-SA	Nutr ofc 1	x		Good	ADCO beam balance
3 child boards	015-7 WIC	1982	33.00	WIC-SA	Nutr ofc 1	x		Good	
	015-8 WIC	1982	33.00	WIC-SA	Nutr ofc 2	x		Good	
	015-9 WIC	1982	33.00	WIC-SA	Nutr ofc 3	x		Broken	
1 infant board	015-10 WIC	1982	33.00	WIC-SA	Nutr ofc 1	x		Good	
1 fiche viewer	015-13 WIC	1978	125.00	WIC-SA	Dir office	x		No glass	Quantor 304
1 typewriter	015-6 WIC	1979	600.00	WIC	Prog asst	x		Sticks	IBM Selectric
1 slide-tape projector	015-4 WIC	1980	359.95	WIC	travels	x		Good	Telex Caramate 3200
2 fans	015-14 WIC	1981	34.95	WIC	Wait room	x		Good	Sears 1100
	015-15 WIC	1981	34.95	WIC	Prog asst	x		Good	Sears 1100

Signature Ana Silva Title Program Director Date 11/17/87

ADMINISTRATIVE RECORDS

KEEP A RECORD OF YOUR PROGRAM'S WAITING LIST STATUS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

KEEP THE CURRENT YEAR'S NUTRITION EDUCATION ACTION PLAN, HIGH RISK OUTREACH PLAN, STATE PLAN, WIC MEMOS, AND EMPLOYMENT RECORDS.

KEEP FOR SEVEN YEARS:

1. Records of your program's Waiting List at any given time. Keep Waiting List Confirmation Letters in this file.

KEEP FOR THE CURRENT YEAR:

1. Your program's Nutrition Education Action Plan.

2. Your program's High Risk Outreach Plan.

3. State WIC memos from this year and the prior fiscal year.

   Keep in order by WIC memo number. You may also xerox copies to keep in a subject file (nutrition, fiscal, etc.)

4. State Plan.

   Update as directed by the state office.

   See THE STATE PLAN section in this Procedure Manual.

5. Employee records.

   Keep them according to your agency's policy.

CASELOAD MANAGEMENT

MAKE EVERY EFFORT TO REACH AND MAINTAIN YOUR ASSIGNED CASELOAD BY REGULATING THE NUMBER OF PARTICIPANTS YOU ACTIVELY SERVE.

DEVELOP A WAITING LIST PLAN IF YOUR ACTIVE CASELOAD REACHES AND EXCEEDS YOUR ASSIGNED CASELOAD.

ACTIVE CASELOAD

"Active caseload" is the number of women, infants and children eligible to receive vouchers each month from your program.

To determine your active caseload at the end of a calendar month:

STEP 1:

- Take the active caseload figure from your most recent computer Participant Report

AND

STEP 2: (CHOOSE ONE OPTION)

- Add the number of initial certifications (Trans. Type 1's) and the number of reverse terminations of inactive participants (Trans Type 2's) completed since the computer input cut-off date through the last day in that month.

- Subtract the number of participants taken off your active caseload (Trans. Type 2's) between the computer input cut-off date and the last day of that month.

OR

- Count the number of packages of manual vouchers you will write the next month for participants not receiving computer-generated vouchers due to enrollment or reverse termination after cutoff or due to Type 1 input error.

- Subtract the number of packages of computer-generated vouchers which will not be issued next month due to termination since input cutoff.

MONTHLY PARTICIPATION

"Monthly participation" is the total number of women, infants and children picking up vouchers based on the voucher issue month. For example, if a participant's vouchers are dated July 20, report her as a participant for July even if s/he picks them up on August 4.

Total monthly participation for a particular reporting month can be counted upon expiration of all the vouchers issued for the month, i.e., 30 days after the last issuance date. For example, if the last issuance date for your program is July 20, July's participation can be counted on August 19.

To determine your monthly participation, count the number of computer and manual vouchers picked up by participants for the reporting month. Use a method that provides the most convenient and accurate reporting.

Suggested methods for counting participation (once all blank lines in the Voucher Register are accounted for) are:

Computer vouchers

- Using the Voucher Register, count the number of participants who picked up one or more computer vouchers for the reporting month.

OR

- Using the Voucher Register, count the number of fully voided packages for the report month. Subtract this number from the total number of participants listed at the end of the Voucher Register for the report month. Also subtract the number of participants with packages 299 and 699 since they are included in the total number at the end of the Voucher Register but do not receive computer vouchers. The remainder is the number of participants who picked up one or more computer vouchers.

Manual Vouchers

- Using the Manual Voucher Log, count the number of participants who picked up one or more manual vouchers dated with the report month (Issue Month, not Distribution Date).

OR

- Using manual voucher input form copies, count the number of participants who picked up one or more manual vouchers with an issue date the same as the report month.

Note: Be careful not to double-count participants receiving 2 combined MV packages or a combination of computer and manual vouchers.

Use the "Manual Count of Monthly Participation" form to report participation each month. See the Originals Packet for a copy of this form. Complete and mail it to the state WIC office as soon as all vouchers for the report month have expired, but not later than the 28th of the month following the report month.

DEVELOPING A WAITING LIST PLAN

A WAITING LIST IS A LIST OF APPLICANTS AND PARTICIPANTS WHO CANNOT BE ASSESSED AND CERTIFIED BECAUSE YOUR PROGRAM HAS REACHED OR EXCEEDED ITS ASSIGNED CASELOAD.

A WAITING LIST PLAN DESIGNATES THE PRIORITIES YOUR PROGRAM CAN SERVE WITHOUT EXCEEDING ITS ASSIGNED CASELOAD. APPLICANTS AND PARTICIPANTS IN PRIORITIES NOT INCLUDED IN THE WAITING LIST PLAN ARE PUT ON A WAITING LIST.

DEVELOP A WAITING LIST PLAN WHEN YOU HAVE REACHED OR EXCEEDED YOUR ASSIGNED CASELOAD.

IMPLEMENT YOUR WAITING LIST WHEN:

1. YOU HAVE CALLED THE STATE WIC OFFICE TO DISCUSS STARTING A WAITING LIST, AND

2. THE STATE WIC OFFICE HAS APPROVED YOUR WAITING LIST PLAN IN WRITING.

REVIEW AND EVALUATE YOUR WAITING LIST PLAN REGULARLY.

KEEP A RECORD OF YOUR WAITING LIST PLAN.

DETERMINING THE WAITING LIST PLAN

To determine the appropriate waiting list plan for your program, take into account the following:

1. The number of persons actively participating on the program in each priority

2. The number of new applicants you expect to receive from each priority

3. The number of persons you expect to take off your program each month due to regular terminations

4. The number of persons you would terminate at repeat certifications if you implemented a waiting list plan (divide the total number in that priority by 6 to estimate how many would be recertified monthly and could therefore be terminated and placed on a waiting list)

5. The number of applicants you can certify within one month

6. The number of participants who usually fail to keep initial or recert appointments (base this rate or percentage on your program's average).

For example: If your waiting list plan is I - IV, you must be able to accept all eligible applicants in Priorities I through IV at initial certification as well as be able to retain participants in Priorities I - IV at repeat certifications.

New applicants and participants due for recertification in Priorities V and VI can apply for the program but will remain on your waiting list either until their applications expire or until you formally change your waiting list plan.

** This works if the number of caseload slots available in a given month is approximately the same as the number of applicants and participants due for recertification within the waiting list plan priorities.

** This does not work when the number of applicants for initial or repeat certifications within the waiting list priorities is more than the number of available slots within a given month. In this case, calculate whether you:

- can take only a percentage of applicants for certification or recertification within the lowest priority in your waiting list plan

OR

- cannot take any applicants for certification or recertification within the lowest priority in your waiting list plan.

1. If you can take only a percentage of applicants for initial and repeat certifications within the lowest priority, terminate participants within this priority at the end of their certification period in order to allow applicants on the waiting list in the same priority an opportunity to be certified. The terminated participants may reapply and be put on the waiting list and may be given certification appointments after all applicants ahead of them on the waiting list have received appointments.

   Although this results in interrupted service for the terminated participants, it assures that all applicants, whether applying for an initial or repeat certification, are processed equitably within a given priority. Call the state office for technical assistance.

2. If you cannot certify any applicants within the lowest priority, alter your waiting list plan to include fewer priorities.

REVIEWING AND EVALUATING YOUR WAITING LIST PLAN

1. Follow your waiting list plan consistently for six months.

2. Look at your active caseload each month to determine how close you are to your assigned caseload.

3. If you find that your waiting list plan is not effective in managing your caseload, call the state WIC office to discuss the possibility of changing it.

KEEPING A RECORD OF YOUR WAITING LIST PLAN

Wait until you receive verbal as well as written confirmation from the state office before you:

1. initiate a waiting list

2. alter your waiting list.

Keep waiting list confirmation letters on file for seven years from the end of the fiscal year to which they pertain.

MANAGING A WAITING LIST

TELL ANYONE WHO INQUIRES ABOUT APPLYING FOR WIC THAT YOU HAVE A WAITING LIST, BUT THAT S/HE HAS THE RIGHT TO APPLY FOR WIC WHETHER OR NOT S/HE IS IN A PRIORITY YOU CURRENTLY SERVE.

SCHEDULE CERTIFICATION APPOINTMENTS FOR APPLICANTS WHO ARE IN PRIORITIES YOU SERVE IN ORDER FROM HIGHEST TO LOWEST PRIORITY.

PUT APPLICANTS WHO ARE IN PRIORITIES YOU DO NOT SERVE, OR ONLY PARTIALLY SERVE, ON A WAITING LIST.

ESTABLISH A CONSISTENT SYSTEM FOR MANAGING YOUR WAITING LIST.

PROCESSING APPLICATIONS WITH A WAITING LIST

1. Tell persons who wish to apply for the WIC Program that you have a waiting list. (You might want to screen the person's income at this point.)

2. Send or give the person the appropriate medical referral form(s).

3. When you receive the completed medical referral form, note the date of receipt, review the form, and assign a priority to the applicant.

4. If the medical referral form is complete and up to date and a nutritional risk factor is not obvious, assign all applicants to the lowest priority for their category (Priority 4 or 5).

** IF AN APPLICANT IS IN A PRIORITY YOU DO CURRENTLY ACCEPT, EITHER:

- Give her/him an initial certification appointment which is within 20 days of your receipt of the completed medical referral form (or within 10 days if a Priority I prenatal woman)

or

- Put her/him on your waiting list:

1. Send or give the applicant a "WAITING LIST NOTIFICATION LETTER".

   See the NOTIFICATION OF WAITING LIST STATUS section of this Procedure Manual.

2. Note on the medical referral form that you have sent the waiting list letter or attach a copy of the letter to the medical referral form.

3. When an initial certification appointment becomes available, send the applicant notification of the appointment. If the medical information on the medical referral form is out of date, obtain new information.

** IF AN APPLICANT IS IN A PRIORITY YOU DO NOT CURRENTLY ACCEPT:

- Put the applicant on your waiting list:

  1. Send or give the applicant a "WAITING LIST NOTIFICATION LETTER".

     See the NOTIFICATION OF WAITING LIST STATUS section of this Procedure Manual.

  2. Note on the medical referral form that you have sent the waiting list letter or attach a copy of the letter to the medical referral form.

  3. Explain to the applicant that s/he should notify you if her health changes in a way that might change her WIC priority.

  4. Keep these applicants on your waiting list until their applications expire. If you have an approved change in your waiting list plan that will allow you to accept applicants at their priority, and if their applications have not expired, give them an appointment for initial certification.

APPLICATIONS ON THE WAITING LIST EXPIRE:

Infants and children:	6 months from receipt of completed medical referral form or when the child turns five years old (whichever comes first)
Pregnant women:	the expected delivery date
Nursing women:	6 months from receipt of completed medical referral form or 1 year from delivery date (whichever comes first)
Postpartum, non-nursing women:	6 months from delivery date

ADMINISTERING YOUR WAITING LIST

1. File medical referral forms for applicants scheduled for an initial certification appointment within 20 days:

   - Chronologically, by appointment date

   OR

   - Alphabetically, by applicants' names.

2. File completed medical referral forms for applicants on the waiting list by priority. Within each priority, file the forms by expiration date of application.

3. On a regular basis, remove expired medical forms from the waiting list file.

4. For participants terminated at repeat certification and put on the waiting list, file their record in the "Terminated" file and file the following with your waiting list:

   - complete and prioritized Medical Referral Form

   OR

   - record of name, address, telephone number, date of birth, status (W1, W2, W3, I or C), anthropometric and hematological data, priority, and date put on waiting list.

NUTRITION EDUCATION ACTION PLAN

EVALUATE YOUR PROGRAM'S NUTRITION SERVICES EACH YEAR TO MAKE SURE YOU ARE PROVIDING ACCURATE, APPROPRIATE AND CONSISTENT NUTRITION CARE TO ALL PARTICIPANTS, AND TO ENSURE HIGH STANDARDS OF QUALITY.

USE THE NUTRITION EDUCATION ACTION PLAN AS A PLAN OF ACTION FOR ADDRESSING AREAS OF CONCERN.

SUBMIT A NUTRITION EDUCATION ACTION PLAN AND TWO NUTRITION EDUCATION ACTION PLAN PROGRESS REPORTS TO THE STATE OFFICE AT SPECIFIED INTERVALS.

The Senior Nutritionist is responsible for submitting the NEAP and for responding to the state WIC office regarding requested revisions and/or progress reports. Progress on your NEAP is one of the criteria used to evaluate your program during the annual contract renewal process.

CHOOSING YOUR NUTRITION GOALS

The Nutrition Education Action Plan reflects your program's nutrition goals for the upcoming year.

** Develop at least two goals using the following procedure:

1. Conduct a needs assessment to identify specific areas of concern
2. Prioritize these areas
3. Focus your action plan on the area(s) of greatest concern.

** Submit 2 NEAP progress reports to the state WIC office at specified intervals.

COMPLETING THE NEAP FORM

1. GOALS State the desired outcomes and overall impact of your plan.

2. OBJECTIVES State the intended outcomes in more specific terms.

   * Write each objective in REALISTIC terms, and make sure each one is an explicit step toward meeting your goal.

   * Make sure each objective addresses WHAT amount of change you expect, WHO it will be directed towards, HOW it will be done, and WHEN it will be completed.

   * Specify the change you are expecting in MEASURABLE terms. Stating that something will be increased, decreased, or provided is not specific enough.

3. METHODS AND MATERIALS Outline the tasks, materials and personnel you will use to perform the activities.

4. EVALUATION PLAN Explain how you will determine progress and measure the success of your objectives.

5. EXPECTED COMPLETION DATE List the projected completion date for each task and objective.

See next page for a sample completed Nutrition Education Action Plan.

Sample completed Nutrition Education Action Plan

PROGRAM NAME Utopia WIC Program *

GOAL A: TO PROMOTE BREASTFEEDING AS THE OPTIMAL SOURCE OF NOURISHMENT FOR INFANTS.

OBJECTIVES	METHODS AND MATERIALS	EVALUATION PLAN	EXPECTED COMPLETION DATE
1. By June 1990, increase the number of breastfeeding women enrolled in WIC by at least 35% above the June 1989 level.	a. Senior Nutritionist (with input from nutrition staff) will develop a protocol for prenatal breastfeeding education at initial certification.	1) Determine from the Participant Report the number of breastfeeding mothers and calculate percent increase.	a. 6/89 1) 6/90
	b. Program and nutrition staff will coordinate efforts to offer at least one prenatal follow-up with a nutritionist prior to delivery to discuss breastfeeding preparation.	2) Randomly select 10% of prenatal women due to deliver and determine number of scheduled visits with a nutritionist.	b. Ongoing 2) 2/90
	c. Nutritionists will offer monthly breastfeeding support groups for mothers interested in breastfeeding and mothers who are breastfeeding.	3) Have on file completed format for support group and schedule for group meetings.	c. Beginning 1/90 and ongoing. 3) 1/90
	d. Nutrition staff will develop and distribute questionnaire for breastfeeding support group.	4) Obtain questionnaire results to determine helpfulness of support group to participants and to select future topics to cover.	d. 1/90 4) 3/90 and as needed
2. Assure staff attendance at one or more breastfeeding-related inservices by June 1990.	a. Senior Nutritionist will provide inservice to entire staff on WIC's role in breastfeeding promotion and strategies.	1) File inservice outline and attendance record.	10/89
	b. Nutrition staff will have access to at least one breastfeeding-related conference or experience (i.e., going on rounds with hospital's lactation consultant.)	2) File attendance record for each staff person.	b. Ongoing 2) 6/90

* Adapted from Charlestown/Chelsea WIC

BREASTFEEDING PROMOTION AND SUPPORT

THE MASSACHUSETTS WIC BREASTFEEDING PROMOTION POLICY ADDRESSES THE FOLLOWING AREAS:

1. PARTICIPANT/NUTRITIONIST CONTACT
2. RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS
3. BREASTFEEDING EDUCATION RESOURCES
4. THE WIC FOOD DELIVERY SYSTEM
5. THE INFANT FORMULA INDUSTRY

THE MASSACHUSETTS WIC PROGRAM'S BREASTFEEDING POLICY IS BASED IN PART ON THE WORLD HEALTH ORGANIZATION'S CODE ON BREASTMILK SUBSTITUTES.

Massachusetts WIC is dedicated to promoting optimal nutrition practices among its participants. Since breastfeeding is known to provide the infant with numerous physiological, nutritional and psychological benefits, give all prenatal women an unequivocal endorsement of breastfeeding as the ideal method of feeding for most infants and provide them with complete and accurate information about breastfeeding techniques.

Provide all breastfeeding women with any necessary information and support, while also supporting the decision of women who have initiated bottlefeeding.

Breastfeeding counseling is challenging, informational and valuable for both mother and counselor. To be an effective counselor, communicate in a client-centered manner and be uninhibited and empathetic towards your participants.

Keep up-to-date with new findings in breastfeeding research and practice. See the 1986 WIC Breastfeeding Study for a list of useful breastfeeding resources.

See the following sections for complete policies and background materials for each of the five areas listed above.

PARTICIPANT/NUTRITIONIST CONTACT

PROVIDE EFFECTIVE BREASTFEEDING EDUCATION AND COUNSELING FOR PRENATAL AND POSTPARTUM WOMEN.

See the following Massachusetts WIC Program publications for specific guidelines for breastfeeding promotion and support:

* Massachusetts WIC Program Breastfeeding Study (1986)

* Guidelines for Providing Breastfeeding Support in Local WIC Programs (1988)

These reports provide information on targeting participants, topics to discuss, and formats to use when counseling prenatal and breastfeeding women.

See the following sections for guidelines on conducting prenatal and postpartum contacts.

PRENATAL CONTACTS

ENCOURAGE ALL PRENATAL PARTICIPANTS TO BREASTFEED BY:

1. PROVIDING COMPLETE AND ACCURATE INFORMATION REGARDING BREASTFEEDING BENEFITS AND TECHNIQUES.

2. PROVIDING AT LEAST ONE BREASTFEEDING CONTACT FOR ALL PRENATAL WOMEN, ESPECIALLY THOSE WHO ARE INTERESTED IN OR UNDECIDED ABOUT BREASTFEEDING.

Prenatal counseling for breastfeeding can have a positive effect on a woman's decision to initiate breastfeeding. According to the WIC Breastfeeding Study Report, women who indicated prenatally that they were interested in or undecided about breastfeeding and who received a prenatal breastfeeding contact showed an 11% increase in breastfeeding initiation (at hospital discharge) over women who were interested in or undecided about breastfeeding but who received no prenatal breastfeeding contact.

Follow these procedures when providing prenatal breastfeeding contacts. See also the Guidelines For Providing Breastfeeding Support in Local WIC Programs for information on scheduling and conducting contacts.

1. Schedule a breastfeeding contact.

   * Conduct the contact during the woman's second trimester, not at her certification appointment.

   * Provide more than one prenatal breastfeeding contact, if possible. Multiple contacts seem to have an even greater impact on breastfeeding initiation rates than do single contacts.

2. Choose the most effective counseling format.

   * Phone, groups or individual counseling are all effective means for providing breastfeeding education. Consider the daily operations of your local program before choosing a counseling format; the best one is one that fits into your program's schedule and is minimally disruptive to program staff.

3. Use a self-completed questionnaire or other data collection tool to identify a woman's infant feeding plans, her knowledge attitude and sources of support for breastfeeding (see sample questionnaire in the Originals Packet).

4. Focus the counseling session on the individual's needs as identified in the questionnaire and on those topics found to:

   - relate strongly to increased rates of breastfeeding initiation and duration

   - be of common concern among women and adolescents

   - be of concern among certain ethnic groups.

   See topic recommendations in the 1986 Massachusetts WIC Breastfeeding Study Report.

5. Distribute appropriate breastfeeding education materials. The more often you repeat the message in a variety of ways, the more likely it is to have an impact on the participant. Reinforce oral messages about breastfeeding with pamphlets, booklets, film strips, films and posters. See the BREASTFEEDING EDUCATION RESOURCES section of this Procedure Manual for more information.

6. Provide follow-up. Follow-up may be provided in the form of another prenatal contact to discuss breastfeeding (and any other issues of importance) or it may be incorporated into the postpartum certification appointment.

POSTPARTUM CONTACTS

ENCOURAGE ALL POSTPARTUM PARTICIPANTS TO CONTINUE BREASTFEEDING BY PROVIDING AT LEAST ONE POSTPARTUM BREASTFEEDING SUPPORT CONTACT FOR ALL BREASTFEEDING WOMEN.

Postpartum breastfeeding support contacts are associated with increased rates of breastfeeding duration. According to the Massachusetts WIC Breastfeeding Study Report, 45% of the women who initiated breastfeeding and who received a postpartum breastfeeding support contact breastfed longer than 4 months; of the women who initiated breastfeeding and who received no postpartum contact, only 25% breastfed longer than 4 months.

Follow these procedures when providing postpartum breastfeeding contacts. See the Guidelines for Providing Breastfeeding Support in Local WIC Programs for details on scheduling and conducting contacts.

1. Schedule a posptartum breastfeeding support contact.

   * Schedule a postpartum certification and breastfeeding support appointment 1) at the last voucher pick-up, or 2) just before the woman's delivery date, or 3) during the postpartum phone call.

   * Conduct the postpartum contact as soon after delivery as possible, preferrably within the first 2 weeks after delivery. Integrate the postpartum breastfeeding support contact with the postpartum certification appointment.

2. Choose the counseling format (phone, group or individual) that best fits into the schedule of your local program and is minimally disruptive to the program staff. Individual or group sessions seemed equally effective in increasing rates of breastfeeding initiation according to the results of the Massachusetts WIC Breastfeeding Study, but groups had a decreased attendance rate due to lack of childcare.

3. Whenever possible, call postpartum women who were planning to breastfeed, preferably within 2-3 days of delivery. Ideally, new breastfeeding mothers will call the WIC office immediately after delivery, but if they don't, you will need to call them. The Massachusetts WIC Breastfeeding Study Report showed that the duration and incidence of breastfeeding were increased if women received a prenatal contact and an immediate post-delivery call.

4. Provide breastfeeding education and support during the postpartum certification appointment. Focus on the individual's needs as well as on those topics found to relate strongly to increased rates of breastfeeding duration and to be of common concern among women and adolescents. See recommendations in the 1986 Massachusetts WIC Breastfeeding Study Report.

5. Use a self-completed questionnaire or other data collection tool to identify a woman's infant feeding plans, her knowledge attitude and sources of support for breastfeeding (see sample questionnaire in the Originals Packet).

6. Distribute appropriate breastfeeding education materials. The more often you repeat the message in a variety of ways, the more likely it is to have an impact on the participant. Reinforce oral messages about breastfeeding with pamphlets, booklets, film strips, films and posters. See the BREASTFEEDING EDUCATION RESOURCES section of this Procedure Manual for more information.

7. Provide follow-up as needed, by phone, at secondary contacts, or during voucher pick-up. Although women generally experience more critical problems during the first few weeks of breastfeeding, it is equally important to address those issues which arise later on, such as plans for returning to work, collecting and storing breastmilk, or weaning the older baby.

RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS

DEVELOP EFFECTIVE RELATIONSHIPS WITH HEALTH CARE PROVIDERS TO ENCOURAGE PRENATAL WOMEN TO BREASTFEED AND TO SUPPORT BREASTFEEDING WOMEN.

WIC participants' infant feeding decisions are greatly influenced by their health care providers, including obstetricians, pediatricians, family practitioners, obstetrical and pediatric nurses, midwives, nurse practitioners and physician assistants. To sucessfully promote and support breastfeeding among your participants, integrate your efforts with those of the participant's other health care providers by:

1. Informing health care providers about the role WIC plays in breastfeeding promotion and support so that health care providers will use you as a breastfeeding resource for their prenatal and breastfeeding patients who are on WIC.

2. Providing health care providers with current, accurate information about breastfeeding management and support to insure that participants receive consistent information from all sources.

3. Coordinating your nutrition education efforts with those of health care providers so that you can

   - reinforce each other's information, and
   - provide women with breastfeeding support as often as possible, especially at crucial times.

Follow the activities outlined below to ensure that all WIC nutritionists are developing productive relationships with health care providers in a consistent manner.

ACTIVITIES

The activities outlined below are divided into initial steps and follow-up activities. Many programs are already doing these steps in some form. How well your program implements these steps may depend on the receptiveness of local health care providers, the types of health care facilities in your area, and the time, expertise and resources of your staff.

OBJECTIVE 1: Inform local health care providers about the role WIC plays in breastfeeding promotion and support.

Initial Step: Send providers information about WIC's Breastfeeding Promotion Policy, using either state- or locally-produced materials. A sample letter and two flyers are included in the Originals Packet.

Follow-up Activities: Visit, phone or write local providers to tell them about WIC's Breastfeeding Policy. Provide them with the WIC breastfeeding poster and breastfeeding education pamphlets to distribute to their patients.

OBJECTIVE 2: Provide information about techniques of breastfeeding management and support.

Initial Step: Keep updated on new information about breastfeeding management and counseling by attending conferences and workshops and/or reading abstracts in newsletters, journals and other publications.

Follow-up Activities: Talk with health care providers about issues regarding individual participants, by phone or in person.

Organize an inservice on breastfeeding for local providers.

Participate in medical rounds or regularly scheduled inservices at your health care facility.

Send a questionnaire to local providers to determine their practices regarding breastfeeding counseling and support. See sample questionnaire in the Originals Packet. Use the results of the questionnaire as a needs assessment for other activities.

Send a list of professional resources on breastfeeding management and counseling to providers who request information.

OBJECTIVE 3: Coordinate your efforts with those of other health care providers.

Initial Steps: Establish rapport with the providers who care for the majority of your prenatal and breastfeeding participants.

Discuss with providers the breastfeeding concerns and needs of specific participants who seem most in need of a coordinated approach to their care.

Follow-up Activities: Using questionnaire results, determine which providers are giving information and support which can be reinforced by WIC. Determine which providers seem receptive to efforts to increase coordination.

Work with area providers to set up a task force to promote and support breastfeeding.

Work with providers in your health center to develop a joint protocol. Establish who will contact patients at what times and designate issues to be discussed.

BREASTFEEDING EDUCATION RESOURCES

PROVIDE COMPLETE AND ACCURATE INFORMATION REGARDING BREASTFEEDING BENEFITS AND TECHNIQUES.

Reinforce breastfeeding education by using printed and audio-visual materials.

1. Make sure the written and audio-visual materials used are accurate, unbiased and culturally appropriate.

2. Make sure the content of educational materials is useful and appropriate to the situation and needs of the participant. Example:

   * Use the "Thinking About Breastfeeding" pamphlet with women who are undecided about their feeding choice or who plan to breastfeed. This pamphlet provides information about the benefits of breastfeeding and diet during lactation.

   * Use the "Breastfeeding: Getting Started" pamphlet with beginning breastfeeders and with women close to their expected delivery date who are planning to breastfeeding. It is designed to help women initiate successful breastfeeding practices, and includes information on breastfeeding techniques.

3. Use the E.M.P.O.W.E.R. manual (Evaluate Materials To Promote Optimal Use Of WIC Education Resources to evaluate all materials not produced by the state WIC office.

See the "Guidelines for Providing Breastfeeding Support in Local WIC Programs" for a list of breastfeeding resources including printed materials and audio-visuals.

THE WIC FOOD DELIVERY SYSTEM

ASSIGN APPROPRIATE INFANT FORMULA PACKAGES TO ENCOURAGE AND SUPPORT BREASTFEEDING PRACTICES.

ISSUE THE SMALLEST AMOUNT OF SUPPLEMENTAL FORMULA A BREASTFEEDING INFANT MAY NEED, TO MINIMIZE THE POSSIBILITY OF REPLACING BREASTMILK WITH FORMULA.

Encourage women to breastfeed while respecting women who choose to use formula. Follow these procedures when assigning infant formula packages:

1. Fully breastfed infants: Do not issue any formula to fully breastfed infants.

2. Partially breastfed infants: Give partially breastfed infants the smallest amount of supplemental formula needed to minimize the possibility of replacing breastmilk with formula.

3. Bottlefed and weaning infants: Give the full standard infant formula package to infants who are fully formula-fed or who are weaning (breastfeeding at least once a day and receiving 24 or more ounces of formula a day).

CHOOSING THE INFANT PACKAGE

The following chart summarizes the recommended packages for infants who are breastfed, bottlefed, or breast and bottlefed. Due to the difficulty of assessing the ounces or calories provided by breastmilk, infant packages are based on the amount of formula the infant consumes (assuming it is nutritionally appropriate). Infant cereal and juice are automatically added to the package in the month the infant turns 5 months old.

For a complete explanation of how to assign infant packages, please refer to the Food Package Tailoring Guide.

IF THE INFANT GETS	S/HE IS CONSIDERED	AND GETS THIS PACKAGE	WHICH CONTAINS
Breastmilk only	Breastfeeding	Breastfeeding Only	No vouchers generated
Breastmilk plus 1-5 ounces of formula per day	Breastfeeding	Breastfeeding Formula Supplement	1 (1 lb) can powdered or 2 six-packs (8 oz) cans RTF
Breastmilk plus 6-10 ounces of formula per day	Breastfeeding	Small Formula	2 (1 lb) cans powdered or 4 six-packs (8 oz) cans RTF
Breastmilk plus 11-16 ounces of formula per day	Breastfeeding	Half-Standard Formula	15 (13 oz) cans concentrate or 4 (1 lb) cans powdered or 13 (32 oz) cans RTF
Breastmilk plus 17-23 ounces of formula per day	Partially Breastfeeding	Three-Quarters Standard Formula	24 (13 oz) cans concentrate or 6 (1 lb) cans powdered or 19 (32 oz) cans RTF
Breastmilk plus $\geq$ 24 ounces of formula per day	Weaning	Standard Formula	31 (13 oz) cans concentrate or 8 (1 lb) cans powdered or 25 (32 oz) cans RTF
Formula only	Formula-fed	Standard Formula	31 (13 oz) cans concentrate or 8 (1 lb) cans powdered or 25 (32 oz) cans RTF

If the amount of formula a breastfed infant consumes falls within a range in which two possible formula packages could be issued, issue the formula package which would provide the smallest amount of formula daily. This may help encourage the mother to continue breastfeeding and prevent her from having excess formula on hand.

EXAMPLE: A two-month old breastfed infant is receives 8 to 12 ounces of supplemental formula a day. You could either:

- issue the small formula package (#206) which provides approximately 8 ounces of formula a day

OR

- issue the half-standard formula package (#204) which provides approximately 13 ounces of formula a day

Package 204 would provide more formula than the infant needs, which may cause the mother to give the infant extra formula or to substitute formula for breastmilk. The most appropriate food package to assign would be the small formula package 206 which would provide the infant with 8 ounces of formula a day and not be in excess of the infants maximum intake of 12 ounces.

There may be situations when a breastfeeding mother wishes to increase the amount of formula her infant receives, for example, she may be planning to return to work or school or be planning to wean her infant. In these cases, use your professional judgement when deciding on the most appropriate infant package to issue.

THE INFANT FORMULA INDUSTRY

THE WIC POLICY ON THE RELATIONSHIP BETWEEN THE WIC PROGRAM AND THE INFANT FORMULA INDUSTRY SUPPORTS THE FOLLOWING GOALS:

- PROMOTING BREASTFEEDING AS THE OPTIMAL METHOD OF INFANT FEEDING, AND
- PROVIDING FORMULA AND SUPPORT TO THOSE WOMEN WHO HAVE INITIATED BOTTLEFEEDING.

Provide all prenatal and postpartum participants with the information they need to make an informed decision about how to feed their infants.

Breastfeeding is acknowledged by the health community to be the optimal method of feeding for most infants. Use the following guidelines to ensure that all participants receive an unequivocable endorsement of breastfeeding that does not diminish your support of women who choose to bottlefeed.

WIC POLICY

IN ORDER TO BE ACCEPTABLE FOR USE IN WIC, ANY ITEM OR SERVICE OFFERED BY A FORMULA COMPANY MUST:

- COMPLY WITH THE WHO CODE OF MARKETING BREASTMILK SUBSTITUTES
- COMPLY WITH EXISTING MASSACHUSETTS WIC PROGRAM POLICIES
- BE NECESSARY FOR WIC PROGRAM OPERATION AND UNAVAILABLE ELSEWHERE AT A REASONABLE COST

THE WHO CODE ON MARKETING BREASTMILK SUBSTITUTES

The WHO Code is an internationally accepted code of behavior for the infant formula industry, government agencies, and health care workers. The aim of this code is:

" ... to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution."

EXISTING MASSACHUSETTS WIC PROGRAM POLICIES

Existing Massachusetts WIC policies regarding resource materials, appropriate professional behavior and voucher issuance are outlined in the E.M.P.O.W.E.R. booklet and the State Plan.

- Resource materials Existing Massachusetts WIC policy on resource materials is contained in the E.M.P.O.W.E.R. booklet. This booklet outlines in detail the guidelines for local programs to use when evaluating nutrition education materials for appropriateness and client-orientation. Briefly, material must comply with the WHO Code, be accurate, and be up to date.

- Appropriate professional behavior The LOCAL AGENCY RELATIONSHIP WITH LOCAL PROGRAM section of the Procedure Manual states that the local agency is responsible for ensuring that the local program:

    - o keeps the focus of program operations on participant need
    - o keeps the skills and knowledge of its staff current by requiring attendance at state-sponsored meetings, new staff trainings and inservices.
    - o maximizes the time devoted to participant certification and education
    - o designs all program activities to best serve participants.

  Therefore, even though your staff may need access to materials which contribute to their professional education, make sure your interactions with formula company representatives do not conflict with the above policies.

- Voucher issuance The BREASTFEEDING PROMOTION AND SUPPORT section of the Procedure Manual states:

  "Issue the smallest amount of supplemental formula (either vouchers or cans) a breastfeeding woman may need, to minimize the possibility of replacing breastmilk with formula."

NECESSARY FOR PROGRAM OPERATION AND UNAVAILABLE ELSEWHERE AT A REASONABLE COST

An item or service is considered necessary for the program operation if you need it to certify, educate and provide food to participants, and includes items for certification and for education of participants and staff.

An item or service is considered unavailable elsewhere at a reasonable cost if it or a similar item cannot be obtained from another source at an affordable cost. This decision depends on the resources available to your program. Keep in mind the need to use sources other than formula companies for items and services when planning your budget.

ITEMS AND SERVICES PROVIDED BY THE FORMULA INDUSTRY

USE THE FOLLOWING GUIDELINES FOR PRODUCTS AND SERVICES PROVIDED TO WIC BY THE FORMULA INDUSTRY:

- CANS OF FORMULA: STOCK POWDERED FORMULA ONLY. KEEP OUT OF SIGHT AND USE ONLY ON AN EMERGENCY BASIS.

- OTHER ITEMS: DO NOT USE ITEMS FOR PARTICIPANTS AND PROFESSIONALS WHICH CONTAIN PRODUCT NAMES.

- SALES REPRESENTATIVES' VISITS: RESTRICT TIME TO THE MINIMUM NECESSARY TO RECEIVE INFORMATION AND ITEMS.

  THE STATE OFFICE RECOMMENDS THAT YOU RECEIVE ONLY FORMULA FROM SALES REPRESENTATIVES, AND LET THE STATE OFFICE PROVIDE YOU WITH OTHER FORMULA INDUSTRY INFORMATION AND MATERIALS.

- LITERATURE: FOR PARTICIPANTS, USE ONLY LITERATURE WHICH IS ACCURATE AND UP-TO-DATE.

  FOR PARTICIPANTS AND PROFESSIONALS, USE ONLY LITERATURE ABOUT INFANT FEEDING WHICH CONTAINS INFORMATION ABOUT THE BENEFITS AND TECHNIQUES OF BREASTFEEDING AND THE POTENTIAL EFFECTS OF EARLY FORMULA USE ON LACTATION.

The following sections outline the specific criteria for determining whether each formula industry item and service complies with each of the WIC guidelines.

ITEMS AND SERVICES RELATED TO INFANT FEEDING

ITEMS AND SERVICES RELATED TO INFANT FEEDING ARE:

- CANS OF FORMULA
- PARTICIPANT EDUCATION MATERIALS ABOUT INFANT FEEDING (Pamphlets, posters, flipcharts, and audio-visuals)
- PROFESSIONAL EDUCATION MATERIALS ABOUT INFANT FEEDING/NUTRITION (Product manuals, conference proceedings, research findings, newsletters, etc.)
- VISITS BY FORMULA COMPANY REPRESENTATIVES

Use the criteria on the following chart to assess whether a specific item or service complies with the WIC guidelines.

SUMMARY OF ITEMS/SERVICES RELATED TO INFANT FEEDING

Item must meet criteria for all specified guidelines to be acceptable.

ITEM/SERVICE	WHO CODE	EXISTING WIC POLICIES	NECESSARY/UNAVAILABLE ELSEWHERE
1. Cans of formula	• Emergency only • To bottlefed infants only • Kept out of sight • Donations of special needs formulas should be continued as long as needed by infant	• Paperwork or time for certification unavailable	• Formula is only option • Program unable to purchase
2. Participant education materials about infant feeding	• Content* • No product names	• Accurate, up to date	• Information is needed by participant • No reasonably priced alternatives
3. Professional educational materials about infant feeding/nutrition	• If formula discussed: - scientific/factual - content* • No product names		• Information needed by staff • Similar, affordable information unavailable from other sources
4. Visits by formula company representatives§	• No demonstrations or education to participants	• Visit does not replace time for certification and education	• To receive items acceptable according to this policy

* WHO Code, Article 4.2. - These items must include information on:

a) the benefits and superiority of breastfeeding
b) maternal nutrition, and the preparation for and maintenance of breastfeeding
c) negative effect on breastfeeding of introducing partial bottlefeeding
d) the difficulty of reversing the decision of not to breastfeed
e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

- When such materials contain information about the use of infant formula, they should include:

o the social and financial implications of its use
o the health hazards of inappropriate foods or feeding methods, and, in particular,
o the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes.

- Such materials should not use any pictures or text which may idealize the use of breastmilk substitutes.

§ THE STATE OFFICE RECOMMENDS THAT FORMULA COMPANY REPRESENTATIVES ONLY VISIT WIC PROGRAMS FOR THE PURPOSE OF DELIVERING FORMULA. THE STATE OFFICE WILL PROVIDE LOCAL WIC PROGRAMS WITH INDUSTRY INFORMATION AND MATERIALS.

ITEMS AND SERVICES NOT RELATED TO INFANT FEEDING

ITEMS AND SERVICES NOT RELATED TO INFANT FEEDING ARE:

- GROWTH CHARTS
- PARTICIPANT EDUCATION MATERIALS UNRELATED TO INFANT FEEDING (Pamphlets, posters and audio-visuals on child development, diapering, safety, etc.)
- PROFESSIONAL EDUCATION MATERIALS UNRELATED TO INFANT FEEDING (Newsletters, conference proceedings, informational films, etc.)
- SPONSORSHIP OR CONTRIBUTION TO CONFERENCES, WORKSHOPS, COURSES FOR WIC STAFF
- ITEMS FOR OFFICE AND PERSONAL USE (Pens, notepads, name plates, mugs, shoelaces, meals, etc.)

Use the criteria on the following chart to assess whether a specific item or service complies with the WIC guidelines.

SUMMARY OF ITEMS/SERVICES NOT RELATED TO INFANT FEEDING

Item must meet criteria for all specified guidelines to be acceptable.

ITEM/SERVICE	WHO CODE	EXISTING WIC POLICIES	NECESSARY/UNAVAILABLE ELSEWHERE
1. Growth charts	o No product name		o Necessary for certification o State Office provides acceptable charts.
2. Participant education materials not related to infant feeding	o No product name	o Accurate, up to date	o Topics necessary for participant education o No reasonably priced alternative
3. Professional education materials not related to infant feeding	o No product names		o Information needed by staff o Similar, affordable information unavailable from other sources
4. Sponsorship of or contribution to conferences, workshops, courses	o Disclose contribution to WIC agency		o Topic must be necessary for staff education o Program unable to fund event o Other sources unavailable
5. Items for office and personal use	o Not a material inducement o No product names		o Must be needed for program operation o Program unable to buy similar items o Other sources unavailable to purchase items

Massachusetts WIC Program

VOUCHER SYSTEM MANUAL

THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health

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INTRODUCTION

THIS VOUCHER SYSTEM MANUAL PROVIDES YOU WITH STEP-BY-STEP INSTRUCTIONS ON USING THE COMPUTER SYSTEM WHICH PRODUCES VOUCHERS AND MANAGEMENT REPORTS.

If you need more information or have suggestions on how to improve this manual, please call the food delivery staff at the state WIC office.

OVERVIEW OF THE WIC VOUCHER SYSTEM

THE WIC VOUCHER SYSTEM PRODUCES FOOD VOUCHERS FOR ALL WIC PROGRAM PARTICIPANTS AND MANAGEMENT REPORTS FOR WIC PROGRAM STAFF.

THE MASSACHUSETTS WIC COMPUTER SYSTEM MAINTAINS INFORMATION ON PARTICIPANTS, VOUCHERS, AND VENDORS IN COMPUTER FILES CALLED "MASTERFILES".

The Massachusetts WIC Program computer system produces 1) food vouchers for all program participants, and 2) reports containing voucher and participant information for each local WIC program. Local WIC programs maintain this computerized participant filing system by regularly submitting information on their participants to the computer. (See diagram and more detailed description below.)

All of the computerized files (masterfiles) for the Massachusetts WIC Program are kept at the state's Bureau of Computer Services (BCS) in Boston.

Once a month, the BCS computer prints a two-month supply of WIC food vouchers for one half of the state's caseload. Most of these vouchers are pre-printed with a WIC participant's name, and with a food message corresponding to each WIC participant's individual "food package". Other vouchers have food messages printed on them, but do not have a WIC participant's name. These "manual" vouchers are used when a new participant enters the program and needs vouchers immediately after certification, or when a participant requires a change in her/his existing food package.

The state WIC office contracts with a delivery service to distribute the vouchers to each local WIC program prior to the beginning of every calendar month. Along with the vouchers, the local WIC programs receive computer-generated reports to assist them in maintaining the computer masterfiles.

The local WIC programs distribute the vouchers to their participants during the month. The WIC food vouchers are like negotiable checks which participants use to purchase their entire month's supply of supplemental foods.

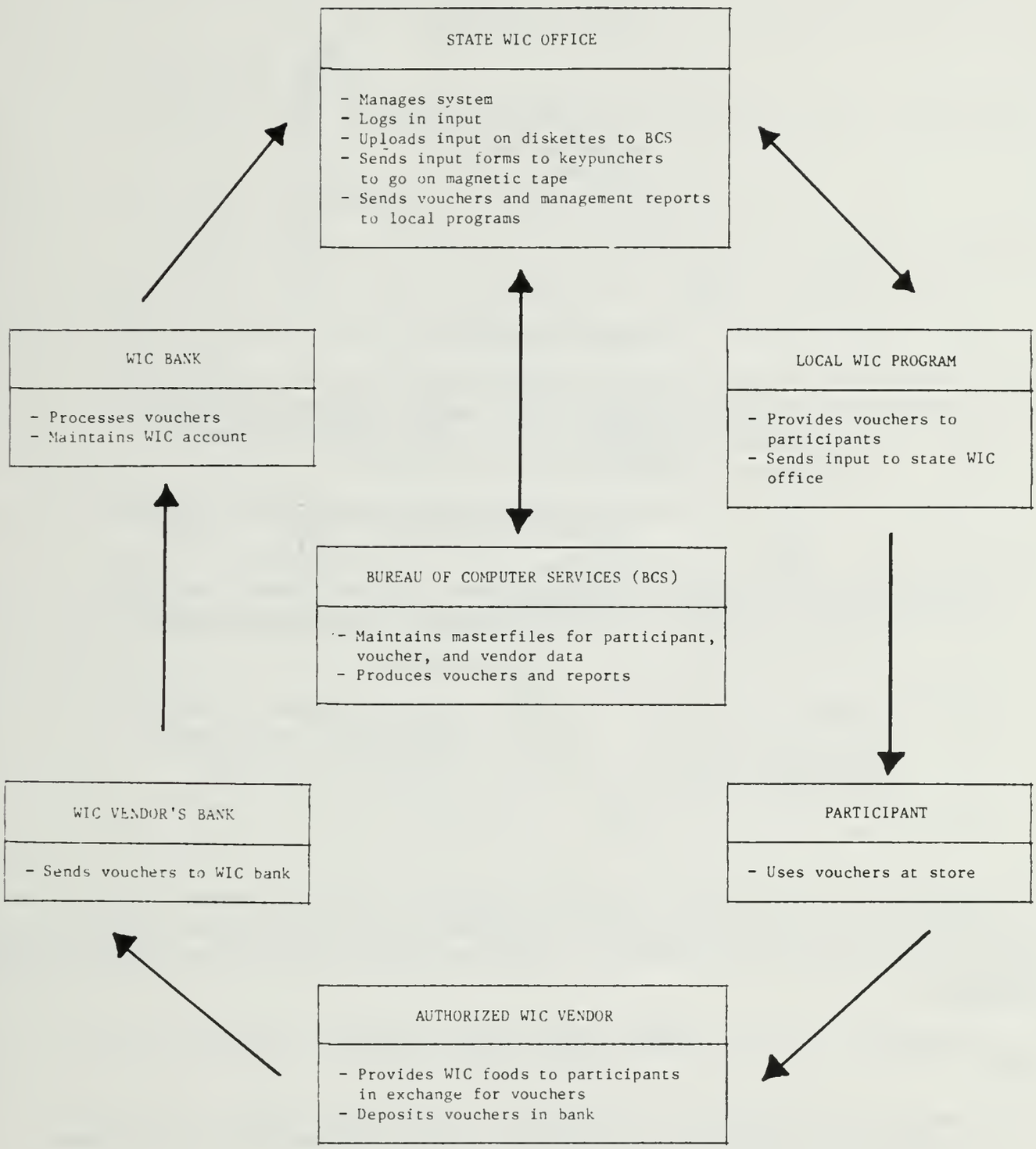
The local WIC programs throughout Massachusetts authorize grocery stores and pharmacies to accept WIC vouchers. WIC staff distribute vouchers to their participants on appointed pick-up days. Participants or their authorized representatives sign for the vouchers when they pick them up in the WIC office, and then use the vouchers throughout the month to purchase the prescribed food items at authorized WIC vendors.

A few rural programs throughout Massachusetts also authorize a small number of home delivery vendors. The participants still come to the WIC office to pick up their vouchers, but may contact an authorized dairy and have WIC foods delivered directly to their homes each week. When the food is delivered, the participant signs the voucher and gives it to the driver as payment.

In both systems, vendors deposit redeemed vouchers directly into their bank accounts as they would other checks. The vouchers are then credited to the vendors' bank accounts, and are paid by the Massachusetts WIC Program's central bank account.

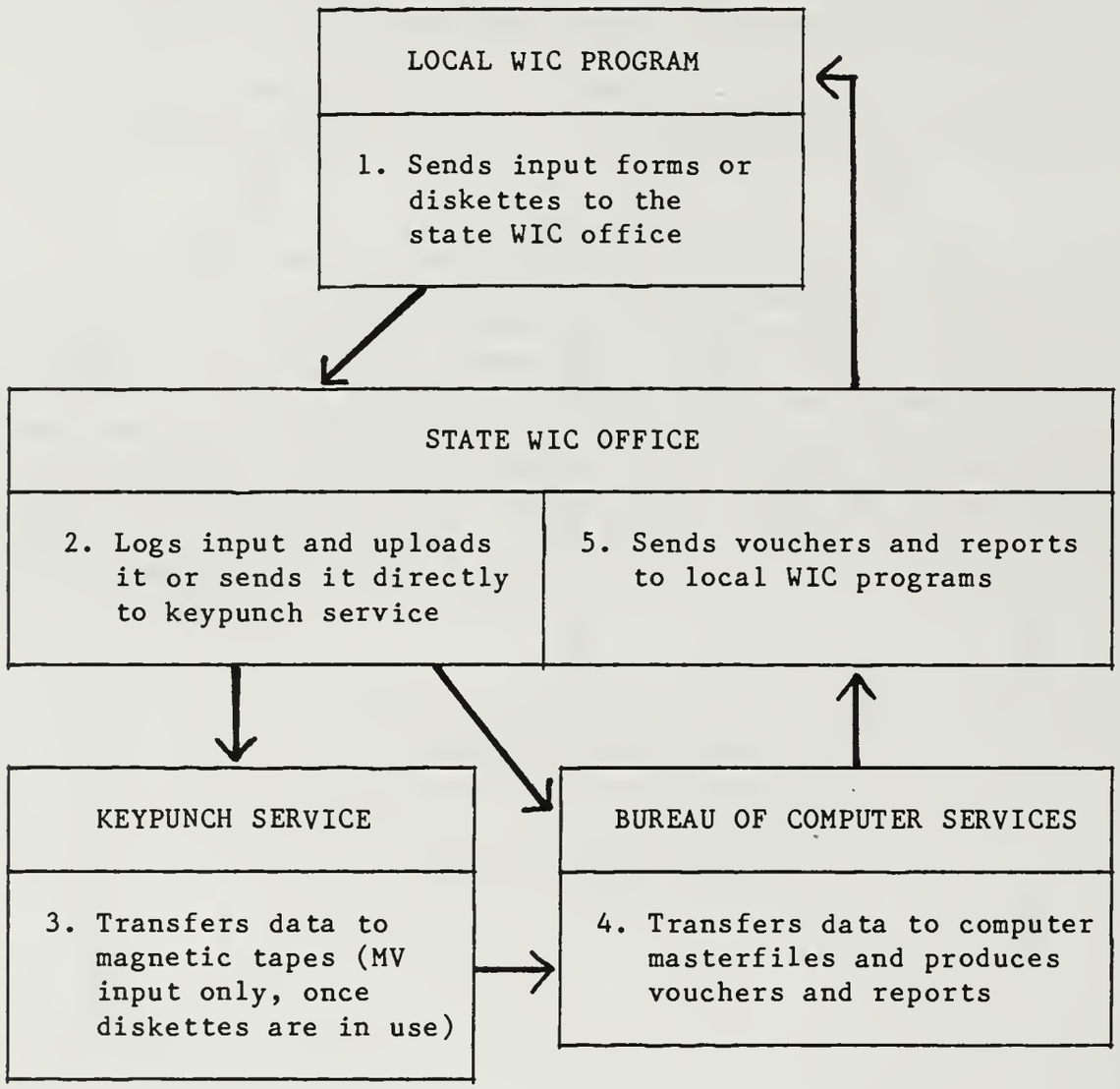
The computerized food delivery system is designed to provide "one-to-one reconciliation" of food vouchers issued: the issuance record of every voucher is matched to the record of the disposition of that voucher. Within ninety days of the voucher's issue date, each voucher is accounted for as one of the following: 1) a distributed and paid voucher, 2) a distributed and unpaid voucher, 3) a distributed voucher for which payment has been stopped, 4) a rejected voucher, or 5) an undistributed and voided voucher. The system allows matching the monthly bank statement for the food money account with the monthly report of expenditures for voucher issuance. This reconciliation process is handled by the state WIC office for all vouchers.

MASSACHUSETTS WIC VOUCHER SYSTEM


STATE WIC OFFICE
- Manages system
- Logs in input
- Uploads input on diskettes to BCS
- Sends input forms to keypunchers to go on magnetic tape
- Sends vouchers and management reports to local programs
WIC BANK
- Processes vouchers
- Maintains WIC account
LOCAL WIC PROGRAM
- Provides vouchers to participants
- Sends input to state WIC office
BUREAU OF COMPUTER SERVICES (BCS)
- Maintains masterfiles for participant, voucher, and vendor data
- Produces vouchers and reports
WIC VENDOR'S BANK
- Sends vouchers to WIC bank
PARTICIPANT
- Uses vouchers at store
AUTHORIZED WIC VENDOR
- Provides WIC foods to participants in exchange for vouchers
- Deposits vouchers in bank

WHAT HAPPENS TO THE COMPUTER INPUT?

Voucher and report production begins with computer input and occurs in a specific cycle of timed events. Understanding the cycle and its timing will help you use the system more effectively.


LOCAL WIC PROGRAM
1. Sends input forms or diskettes to the state WIC office
STATE WIC OFFICE
2. Logs input and uploads it or sends it directly to keypunch service
5. Sends vouchers and reports to local WIC programs
KEYPUNCH SERVICE
3. Transfers data to magnetic tapes (MV input only, once diskettes are in use)
BUREAU OF COMPUTER SERVICES
4. Transfers data to computer masterfiles and produces vouchers and reports

Diskettes and input forms are your link with the WIC computer system. The computerized files and the printed reports describing those files reflect exactly the information you submit. Therefore, submit information carefully and regularly.

The computer has three major files, each requiring a different type of input:

- Participant masterfile - diskette or Participant Input form (white).
- Voucher masterfile - Manual Voucher Input form (white) or replacement MV input form (green)
- Vendor masterfile - diskette or Vendor Input form (yellow).

There are 5 steps in the input cycle:

1. Sending Computer Input

   Each local program site sends its computer input to the state WIC office using preprinted business reply mail envelopes.

2. Logging the Input

   State WIC staff keep the input log and record the date the input was uploaded to BCS or picked up by the keypunch service.

3. The Keypunch Operation (for paper input forms only)

   The keypunch service picks up the input from the state WIC office and transfers the data on the input forms to magnetic tapes.

4. The Computer Operation - Bureau of Computer Services (BCS)

   The keypunch service delivers the magnetic tapes to the state's Bureau of Computer Services (BCS), which uses the magnetic tapes and input uploaded directly to update the masterfiles, produce management reports, and create each month's vouchers.

5. Sending Vouchers and Monthly Reports

   The state WIC staff sort, pack and label the vouchers and management reports, and a bonded delivery service transports the vouchers and reports to local WIC programs.

GLOSSARY

REFER TO THE LIST BELOW FOR DEFINITIONS OF MOST TERMS USED IN THE VOUCHER SYSTEM MANUAL.

FOR DEFINITIONS OF OTHER TERMS, SEE THE DEFINITIONS SECTION OF THE PROCEDURE MANUAL.

Active - status indicating that a participant is receiving preprinted vouchers.

Add - an input form completed to add a participant to the masterfile.

Batch - a group of input forms, collated by type of input and site.

Batch file name - the name of a file on a diskette containing your records input onto the computer.

Batching - the process of separating and collating input forms to be mailed to the state WIC office for further processing.

BCS - the Bureau of Computer Services, the computer operations center for the Commonwealth of Massachusetts.

Cash error - a manual voucher that has been issued to a participant and cashed by the bank, but for which there is no issuance record in the voucher masterfile.

Certification date - the date (month, day, year) that an applicant is determined eligible to participate in the WIC program.

Change - an input form completed to change information on a participant currently active on the masterfile.

Computer masterfile - data file stored in the computer which contains information about all Massachusetts WIC participants, vouchers, and vendors.

Create diskette - process used to copy participant and vendor files from the computer's hard disk onto diskettes.

Critical field - an area of the input form which must be completed in order for the computer to post the information on the record to the masterfile. Outlined in heavy black type on the input form.

Cursor - small blinking line on your computer screen indicating where your next typed character will appear.

Cycle - the months (odd or even) that a participant is assigned to pick up vouchers.

Data entry - the process of entering the same type of information into a computer repeatedly.

Density - a designation about how information is stored on a diskette. (See "double density" and "high density" below.)

Diskettes - squares of magnetized material used to store information and to transport programs and data between machines. Generally 5.25 inches or 3.5 inches.

Disk drive - slots in the front of the computer used to insert, use and remove diskettes. Your computer has three drives; A: and B: use diskettes, and C: uses a hard disk.

Double density - a diskette holding less data than a high density diskette.

Double sided - a designation that the computer will use both sides of the diskette automatically.

Download - the process of transferring information from a large computer (mainframe) to a small computer (PC).

DPH town - one of the 351 Massachusetts cities and towns recognized by the Department of Public Health.

Dual participation - participation in more than one local WIC program and receiving benefits from each.

Edit - the WIC Manual Voucher Edit Listing or the WIC Participant Edit Listing. Management reports listing transactions rejected from the most recent computer run due to a "critical" error on the manual voucher or participant input form.

Enter - key pressed to tell the computer to either: go to the next step, or process your request.

Erase - command used to erase all files from a diskette.

ESC - key used to back up one step, cancel a command, or escape from a choice. Located in the upper left corner of the keyboard.

Flag - a word, asterisk and/or code number on the voucher register or participant report indicating an impending status change for a participant and the action the local program must take regarding that change.

Food package - a set of vouchers which includes all foods prescribed to the participant upon certification.

Format - process used to prepare new diskettes for use by the computer. Each disk is formatted only once.

Hard disk - drive C:, used to store programs and data files. Located inside the machine, it holds 40 times as much information as a diskette and accesses the information faster.

Hard sector - sector of a diskette indicated by multiple small holes put in the diskette during manufacture.

Header - the topmost part of any input form, including program code, location code, participant ID number, and batch date. Must be completed.

High density - a diskette holding more data than a double density diskette.

Home delivery - an alternative to retail store vendors in some rural areas, whereby individual route drivers from a local dairy deliver WIC food directly to participants at their homes.

Household code - the identification number of one of the participants in the family which is also used to identify all participating members of the family, regardless of different last names. If used, vouchers for the family will be grouped together.

Inactive - status indicating that a participant has been terminated from the WIC program and is no longer receiving preprinted vouchers. Inactive participants appear on the participant report for 4 months (120 days) after termination.

Input cut-off - the last day on which the state WIC office can receive input forms to be keypunched for the next set of vouchers and monthly management reports. Usually around the 18th of the month.

Input form - the form completed by local WIC program staff to record data on participants, vendors and manual vouchers issued, so that this information may be entered into the computer masterfile.

Input log - a form listing the number of each type of input and name of the program submitting it. Enclosed with each envelope of input.

Issue date - the day on which each participant's vouchers become valid for 30 days. Usually the date that the participant comes in to pick up vouchers. Assigned by the local program and either printed on computer-generated vouchers or hand-written on manual vouchers.

Keypunch - the operation performed to enter all data from input forms onto a magnetic tape used to create vouchers and reports.

Local program vendor report - listing of all vendors holding agreements with a local program.

Mainframe - large computer system used by the WIC Program to hold information in the participant masterfile. Records sent to the state office are transferred from the PC (personal computer) to the mainframe.

Magnetic tape/data tape - tape onto which information from input forms is keypunched, and from which vouchers and reports are created/printed.

Management reports - printed reports produced at BCS from data submitted by local programs and used by local programs to ensure that their records and information are up-to-date and accurate.

Manual voucher (MV) - a voucher not assigned to a participant by the computer, which must be manually issued by local program staff.

Manual voucher inventory log - a computer-produced form listing the serial numbers of manual vouchers produced that month for each local program. Used by the program to record disposition of all MV's.

Manual voucher package - a package of manual vouchers accompanied by a manual voucher input form preprinted by the computer, listing the serial numbers of the vouchers in the package.

MICR line - the reference number printed at the bottom of each voucher for use by the WIC bank. Stands for Magnetic Ink Character Recognition.

Multiple issuance - issuance of more than the appropriate number of vouchers to a participant during one calendar month.

Optional field - an input form field which need not be filled in for the input to be accepted.

Participant - an individual currently certified to receive WIC vouchers.

Participant ID number - an 8-digit number assigned by the local program to each new participant, by which s/he will be identified for the duration of participation in WIC. Used in making all changes to her/his record on the computer masterfile.

Participant listing - listing of all participants currently active or terminated within the past 4 months. Sorted by site, ID number, and name.

Participant report - alphabetical listing of all participants currently active or terminated within the past 4 months at each WIC site. Contains all information on a participant either submitted by the local program or indicated by the computer.

Personal computer (PC) - small computer that runs programs at your site.

Pick-up day - the day the participant comes in to pick up vouchers. See Issue date.

PNMF (Participant Not On Masterfile) - a listing of participants for whom vouchers have been issued and paid but for whom there is no active or inactive record in the participant masterfile containing the program code, site code and participant ID number listed in the voucher masterfile.

Prepaid mailer - a preprinted business reply mail envelope used by local programs to send input to the state WIC office.

Priority - a code indicating the participant's level of need.

Program code - a 3-digit number identifying the local program.

Program stamp - stamp bearing the imprint "MASS. WIC" and a 4-digit number indicating the program code and the staff person issuing the vouchers. Stamped on each voucher after the participant signs it to make the voucher valid for use.

Prorating - reducing the assigned food package based on lateness of voucher pick-up.

Proxy - a designated individual who may pick up and sign WIC vouchers for an active WIC participant.

Recertification date - the date (month, day, year) that a current participant is determined to be eligible to continue participating in the WIC Program for 6 more months.

Record - information about a single participant or vendor.

Regular voucher - a computer-generated voucher produced for a participant active on the participant masterfile.

Reject - the WIC Manual Voucher Reject Listing or the WIC Participant Update Rejects Listing. Management reports listing transactions rejected from the most recent computer run due to errors in manual voucher serial numbers or participant ID numbers.

Sector - a smaller division of a diskette track or cylinder.

Single-sided - an indication that the computer will only use one side of the diskette.

Site - a location where WIC services are provided to participants.

Site code - the 2-digit number identifying a local program site.

Soft sector - sector of a diskette indicated by magnetic markings placed on the diskette during formatting.

State WIC office - the main administrative office, coordinating fiscal, nutrition, program, food delivery, and vendor policies and services for the state.

Tailoring - the process of adapting the food package to meet the specific nutritional and dietary needs of each participant.

Termination code - a one-digit field used to indicate the reason an individual was dropped from the WIC Program.

Termination date - the date (month, day, year) a participant is determined to be no longer eligible for WIC services.

Undistributed voucher - a voucher assigned to a participant but never picked up by the participant or proxy.

Update - the WIC Manual Voucher Update Listing or the WIC Participant Update Listing. Management reports listing manual voucher and participant transactions accepted and posted to the masterfile during the most recent computer run.

Upload - the process of transferring information from a small computer (PC) to a large computer (mainframe).

Voucher - the food instrument given to a participant by the local WIC program which is then redeemed at an authorized WIC vendor for the specific foods printed on the voucher.

Voucher create - the day on which all vouchers and monthly management reports for the next month are printed at BCS. This date is generally around the 20th of each month.

Voucher inventory - the stock of manual voucher packages maintained and monitored by a local program.

Voucher register - listing by site of the serial numbers of all preprinted vouchers issued to program participants. Signed by the participant or proxy to indicate receipt of vouchers and used by program staff to indicate the disposition of any vouchers not distributed to participants.

Voucher serial number - the identification number imprinted in red on each voucher. Enables the voucher to be tracked.

Voucher transmittal record - report listing 1) beginning and ending serial numbers of all voucher batches shipped to the local program, and 2) all management reports shipped to the local program. Accompanies the voucher shipment.

Voucher type - the code assigned to a particular type of voucher, indicating the food message appearing on the voucher.

Write protect - used to protect the data on a diskette from being changed or erased.

THE WIC FOOD VOUCHER

THE WIC FOOD VOUCHER IS THE MEANS BY WHICH A WIC PARTICIPANT PURCHASES HER/HIS WIC SUPPLEMENTAL FOODS.

THE WIC PARTICIPANT GIVES THE VOUCHER TO AN AUTHORIZED WIC VENDOR IN EXCHANGE FOR THOSE FOODS PRINTED ON THE FACE OF THE VOUCHER.

FRONT OF THE VOUCHER

1. PARTICIPANT I.D. NO. -- the WIC participant's identification number. Pre-printed on computer-generated vouchers, handwritten on manual vouchers.

2. NAME OF PARTICIPANT -- the name of the WIC participant, last name first. Preprinted on regular (computer-generated) vouchers, handwritten on manual vouchers.

3. LOCATION -- the local WIC program's location (program and site) code. Pre-printed on regular vouchers, handwritten on manual vouchers.

4. VOUCHER NO. -- the serial number of the individual voucher. Pre-printed on all vouchers.

5. "NOT GOOD BEFORE" -- the first date on which the voucher is valid for use by a participant. Pre-printed on regular vouchers, handwritten on manual vouchers.

6. "NOT GOOD AFTER" -- the last date on which the voucher is valid for use by a participant. Pre-printed on regular vouchers, handwritten on manual vouchers.

7. SERIAL NUMBER -- a pre-printed number unique to each voucher.

8. FOOD MESSAGE -- an exact description of the food a participant may receive in exchange for the voucher. Pre-printed on all vouchers except manual voucher type 699, which must be handwritten by local program staff.

9. FOOD PACKAGE NUMBER -- a number designating the food package. Appears on all regular vouchers and on the first voucher of each manual voucher package.

10. VOUCHER TYPE NUMBER -- a number designating the particular food message on the front of the voucher. Pre-printed on all vouchers.

11. ACTUAL PURCHASE PRICE -- the exact shelf price of the foods listed in the food message, as purchased by the WIC participant or authorized representative. Filled in by the vendor at the time of purchase.

12. NOT VALID WITHOUT WIC VENDOR STAMP -- validation by the WIC Vendor Stamp issued to the vendor by the WIC Program. Stamped by the vendor prior to deposit in the vendor's bank.

13. NOT VALID WITHOUT MASS WIC PROGRAM STAMP -- validation by the local WIC program stamp as issued to the local staff by the state WIC Office. Stamped by the local WIC program upon distributing the voucher to a WIC participant or authorized representative, not before.

14. I CERTIFY RECEIPT OF VOUCHER FROM THE WIC PROGRAM -- signature of WIC participant or authorized representative upon receiving the voucher from the WIC Program.

15. I GUARANTEE THE CORRECT PRICE WAS WRITTEN ABOVE -- signature of WIC participant or authorized representative upon redeeming the voucher at an authorized WIC vendor. This signature certifies that the price entered by the vendor is the correct price.

16. MICR NUMBER - series of MICR (Magnetic Ink Character Recognition) encoded numbers designed to be read by a machine. Pre-printed on all vouchers.

BACK OF THE VOUCHER

1. VENDOR ENDORSEMENT -- certification by the vendor that the price written on the front of the voucher is the correct price, and that the foods purchased by the participant were the correct foods. Signed or stamped by the vendor prior to deposit in the vendor's bank. If the vendor uses an endorsement stamp, the stamp must indicate the vendor's name on the account to which the voucher is being deposited.

2. WIC APPROVED FOODS -- list of all foods authorized by the Massachusetts WIC Program for purchase with Massachusetts WIC vouchers. A participant may only purchase the foods from this list that are indicated on the front of the voucher. Pre-printed on all vouchers.

SAMPLE WIC VOUCHER

H | (1) 06033005 PARTICIPANT I.D. NO. | HA[redacted] (2) ALLEN NAME OF PARTICIPANT | (3) 04102 LOCATION | (4) 6805359 VOUCHER NO. | (5) 11/15/89 NOT GOOD BEFORE | (6) 12/14/89 NOT GOOD AFTER

IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION

COMMONWEALTH OF MASSACHUSETTS
MASSACHUSETTS WIC PROGRAM
KEY BANK N.A., ALBANY, N.Y 12207

1

(7) 6805359

601 140 (9) (10)

FRAMINGHAM WIC

29-70
213

(12) NOT VALID WITHOUT WIC VENDOR STAMP

(13)

(8) ENFAMIL (LOW IRON)
CONCENTRATE: 7 (13 OZ) CANS OR
POWDERED: 2 (1 LB) CANS

ACTUAL PURCHASE PRICE
$ (11)

UNAUTHORIZED VENDORS MAY NOT ACCEPT THIS VOUCHER
217599

(14) [illegible] WIC PROGRAM
I CERTIFY RECEIPT OF VOUCHER FROM THE WIC PROGRAM

(15) [illegible]
I GUARANTEE THE CORRECT PRICE WAS WRITTEN ABOVE

NOT VALID OVER $30
SIGNATURES MUST MATCH

PAY ONLY TO THE ORDER OF AN AUTHORIZED WIC VENDOR. VENDOR MUST DEPOSIT WITHIN 60 DAYS FROM "NOT GOOD BEFORE" DATE.

"6805359" :021300705: 710 003911" (16)

REGULAR VOUCHERS

REGULAR VOUCHERS ARE PRODUCED ONCE A MONTH BY THE WIC COMPUTER SYSTEM.

EACH REGULAR VOUCHER IS PRINTED WITH THE PARTICIPANT'S NAME AND ID NUMBER, THE PROGRAM LOCATION CODE AND SITE NUMBER, THE DATE OF ISSUE, THE SERIAL NUMBER AND TYPE OF VOUCHER, AND THE FOOD MESSAGE.

** Once a month the WIC computer system produces 2 months' worth of preprinted vouchers for all participants in the next month's cycle who are listed as active in the Participant Masterfile.

** Regular vouchers are shipped to the local WIC Programs on a scheduled day near the of the month for distribution to participants during the following month.

** A Voucher Transmittal Record and a Voucher Register are included with the monthly shipment.

RECEIVING REGULAR VOUCHERS

THE LOCAL AGENCY IS FINANCIALLY LIABLE FOR REGULAR VOUCHERS AS SOON AS THEY ARE DELIVERED TO THE AGENCY. CHECK THE VOUCHERS AGAINST THE VOUCHER TRANSMITTAL RECORD AND REPORT ANY DISCREPANCIES IMMEDIATELY TO THE STATE WIC OFFICE.

LATE ARRIVAL

Call the state WIC office if you do not receive your vouchers by 4:00 pm on the day they are scheduled to be delivered.

VOUCHER TRANSMITTAL RECORD FOR REGULAR VOUCHERS

THE VOUCHER TRANSMITTAL RECORD LISTS THE BEGINNING AND ENDING SERIAL NUMBERS OF ALL REGULAR (COMPUTER-GENERATED) VOUCHERS INCLUDED IN A SHIPMENT, PLUS ALL MANAGEMENT REPORTS SENT WITH THE VOUCHERS.

CHECK THE VOUCHER NUMBERS AGAINST THE TRANSMITTAL RECORD UPON RECEIPT OF THE VOUCHERS AND REPORT ANY DISCREPANCIES TO THE STATE OFFICE IMMEDIATELY.

RETAIN THE VOUCHER TRANSMITTAL RECORD FOR SEVEN FISCAL YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

TRANSMITTAL RECORD FOR COMPUTER GENERATED VOUCHERS

FROM WIC038 WIC154C VOUCHER TRANSMITTAL RECORD FOR AUGUST 89 - SEPTEMBER 89 CYCLE 2

STATE OF MASSACHUSETTS B.S.O. - WIC SERVICES

DATE- 07/19/89 AUTH. BY-

PROGRAM 002 UPHAMS CORNER WIC

REGULAR ISSUE VOUCHERS

4094149 TO 4100000

4200001 TO 4206943

VOIDED VOUCHERS

REPORTS	SHIPPED	RECEIVED -CHECK-
EDIT		
UPDATE		
UPDATE REJECTS		
VOUCHER REGISTER		
ID LISTING		
PARTICIPANT REPORT		
VENDOR REPORT		

RETAIN COPIES-- FOR YOUR RECORDS.

VOUCHER REGISTER

THE VOUCHER REGISTER IS A COMPLETE RECORD OF EACH PARTICIPANT'S REGULAR, PRE-PRINTED VOUCHERS.

MAKE SURE THE PARTICIPANT OR PROXY SIGNS THE VOUCHER REGISTER FOR EACH SET OF VOUCHERS PICKED UP, AND THAT THE STAFF PERSON DISTRIBUTING THE VOUCHERS INITIALS AND DATES THE VOUCHER REGISTER FOR EACH SET PICKED UP.

IF YOU NEGLECTED TO HAVE THE PARTICIPANT OR PROXY SIGN THE VOUCHER REGISTER WHEN S/HE PICKED UP THE VOUCHERS, WRITE "RCVD" TO THE LEFT OF THE SIGNATURE LINE. INITIAL AND DATE THE ENTRY. BE SURE TO HAVE HER/HIM SIGN IT THE NEXT TIME S/HE COMES IN.

IF THE VOUCHERS ARE UNDISTRIBUTED, WRITE "VOID" ON THE SIGNATURE LINE. INITIAL AND DATE THE ENTRY.

ALL LINES MUST BE COMPLETED WITH A SIGNATURE, a "VOID", OR "VOUCHERS MAILED". DO NOT PUT ANYTHING ELSE ON THIS LINE.

DO NOT USE WHITE-OUT OR COVER-UP TAPE IN THE VOUCHER REGISTER.

KEEP SIGNED VOUCHER REGISTERS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

COMPUTER FLAGS

The computer flags five areas of special concern and prints an asterisk and code to the left of the names of participants in these categories. The codes are:

*1 - Repeat certification due next cycle. Schedule an appointment.

*2 - Repeat certification due next month.

*3 - Repeat certification due this month. Hold vouchers until recertified.

*4 - Repeat certification 1 month overdue. Hold vouchers until recertified. Last month of vouchers. Will be terminated.

*5 - Pregnant woman 3 months past EDC. Last month of vouchers. Will be terminated.

*6 - Participant's last month of vouchers. Will be terminated for categorical ineligibility.

VOUCHER REGISTER

FROM WIC038 WIC154C — MASSACHUSETTS WIC PROGRAM — VOUCHER REGISTER

SOUTH DORCHESTER/ROSLINDALE WIC SITE 02 CYCLE 1 JULY 1989 - AUGUST 1989 PAGE 65

	PARTICIPANT NAME	MONTH DUE	SIGNATURE	DATE	STAFF INIT	ID NO	PKG	VOUCHER SERIAL NUMBERS ISSUED				
	JOHNSON SH[redacted]	12		08-03		73783029	201	4027570	4027571	4027572	4027573	4027574
	JOHNSON TE[redacted]	11		07-06		73822025	322	4027575	4027576	4027577	4027578	
	JOHNSON TE[redacted]	11		08-06		73822025	322	4027579	4027580	4027581	4027582	
*1	JOHNSON TI[redacted]	09		07-09		74528019	143	4027583	4027584	4027585	4027586	
*1	JOHNSON TI[redacted]	09		08-09		74528019	143	4027587	4027588	4027589	4027590	
	JONES KE[redacted]	11		07-02		73764029	335	4027591	4027592	4027593	4027594	
	JONES KE[redacted]	11		08-02		73764029	335	4027595	4027596	4027597	4027598	
	JONES RI[redacted]	12		07-06		74787029	322	4027599	4027600	4027601	4027602	
	JONES RI[redacted]	12		08-06		74787029	322	4027603	4027604	4027605	4027606	
	JOSEPH GA[redacted]	12		07-07		73738023	361	4027607	4027608	4027609	4027610	
*6	JOSEPH GA[redacted]	00		08-07		73738023	361	4027611	4027612	4027613	4027614	
*5	JOSEPH IM[redacted]	00		07-15		73975013	195	4027615	4027616	4027617	4027618	
	JOSEPH JE[redacted]	12		07-07		73738031	335	4027619	4027620	4027621	4027622	
	JOSEPH JE[redacted]	12		08-07		73738031	335	4027623	4027624	4027625	4027626	

*1 - REPEAT CERTIFICATION DUE NEXT CYCLE. SCHEDULE AN APPOINTMENT.
*2 - REPEAT CERTIFICATION DUE NEXT MONTH.
*3 - REPEAT CERTIFICATION DUE THIS MONTH. HOLD VOUCHERS UNTIL RECERTIFIED.
*4 - REPEAT CERTIFICATION 1 MONTH OVERDUE. HOLD VOUCHERS UNTIL RECERTIFIED. LAST MONTH OF VOUCHERS. WILL BE TERMINATED.
*5 - PREGNANT WOMAN 3 MONTHS PAST EDC. LAST MONTH OF VOUCHERS. WILL BE TERMINATED.
*6 - PARTICIPANTS LAST MONTH OF VOUCHERS. WILL BE TERMINATED FOR CATEGORICAL INELIGIBILITY.

DISTRIBUTING REGULAR VOUCHERS

FOLLOW ACCOUNTABILITY PROCEDURES WHEN YOU DISTRIBUTE REGULAR (COMPUTER-GENERATED) VOUCHERS.

Arrange your program's certification and voucher distribution procedures so that under all normal circumstances, the person who distributes vouchers to a WIC participant is not the person who certified her/him.

Ask to see the participant's WIC ID card to make sure the right person gets the vouchers. Have proxies present the participant's WIC ID card and a dated authorization form or dated note signed by both the participant and proxy.

Be sure that the participant is eligible for each set of vouchers they receive.

Make sure every person receiving vouchers signs the voucher register, which serves as a receipt. Immediately write your initials and the date next to the participant's signatures.

You may mail vouchers to participants in specific hardship situations, if no proxy is available to pick up the vouchers.

See the following sections in the Procedure Manual for more information:

- COMPUTER-GENERATED VOUCHER ISSUANCE
- ID CARDS
- PROXIES
- MAILING VOUCHERS

UNDISTRIBUTED VOUCHERS

AN UNDISTRIBUTED VOUCHER IS A REGULAR VOUCHER THAT WILL NOT BE ISSUED TO A PARTICIPANT.

SEND VOUCHERS RECEIVED WITH THE MONTHLY SHIPMENT, THAT YOU KNOW WILL NOT BE DISTRIBUTED, TO THE STATE WIC OFFICE SO THAT THEY ARE RECEIVED BY THE 5TH OF THE ISSUE MONTH.

VOID ALL UNDISTRIBUTED VOUCHERS AND RETURN THEM TO THE STATE WIC OFFICE AS SOON AS YOU KNOW THE VOUCHERS WILL NOT BE DISTRIBUTED. DO NOT INCLUDE MANUAL VOUCHERS.

MAIL UNDISTRIBUTED VOUCHERS TO THE STATE WIC OFFICE AT LEAST ONCE A WEEK.

There are a number of reasons for undistributed vouchers, such as:

- The vouchers were not picked up.
- A participant was terminated from WIC after input cutoff day or input for termination had an error.
- A food package was changed after input cutoff day or input for change had an error.
- The participant was overdue for recertification.
- A food package was incorrect.
- The vouchers were returned unused by the participant.
- The vouchers were damaged.

IDENTIFYING UNDISTRIBUTED VOUCHERS

1. Upon receipt of the monthly voucher shipment, identify all vouchers that will not be distributed due to:

   a) a food package change after input cutoff,
   b) a participant termination submitted after input cutoff, or
   c) input which was rejected and uncorrected prior to input cutoff.

   Use the following methods to identify these vouchers:

- Use yellow input copies to determine participants whose input was mailed after cutoff.

- Use information on participant record flow sheet, if vouchers are placed in records.

- Use information on participant card if vouchers are attached to cards.

Return these undistributed vouchers to the state WIC office so that they are received by the 5th day of the issue month.

2. Identify current-month vouchers that will not be distributed due to unkept or unscheduled recertification appointments, and return these to state WIC office immediately.

3. Identify second month of vouchers not picked up and void them as soon as time limit for participant response (as indicated in notification letter) has passed.

4. Follow other standard procedures for weekly return of undistributed vouchers to the state WIC office.

RETURNING UNDISTRIBUTED VOUCHERS

1. Stamp "VOID" on the face of each voucher, over the "actual purchase price" box.

2. Record all voided vouchers on the Voucher Register by writing or stamping "VOID" on the signature line, then initial and date each voided line. DO NOT WRITE VOID ON THE LINE UNLESS YOU ARE CERTAIN THAT THE VOUCHERS WERE VOIDED.

3. REMOVE ALL PAPER CLIPS OR STAPLES FROM THE VOUCHERS.

4. Rubber band the vouchers into neat stacks, all vouchers facing the same direction. DO NOT STAPLE VOUCHERS TOGETHER.

5. DO NOT INCLUDE ANY MANUAL VOUCHERS (even if input was submitted).

6. Use postage-paid mailers to return undistributed vouchers to the state WIC office. Do not overstuff the envelopes; use two or more envelopes if needed. Seal them securely.

The returned vouchers will then be reconciled with their issuance records by the computer.

NOTE: If you find that some vouchers have not been sent in on time, send them banded separately with a note explaining the problem. If undistributed vouchers are returned late, participation statistics become inflated and inaccurate.

MANUAL VOUCHERS

MANUAL VOUCHERS ARE PRODUCED ONCE A MONTH BY THE WIC COMPUTER SYSTEM.

MANUAL VOUCHERS DO NOT HAVE THE PARTICIPANT'S NAME, IDENTIFICATION NUMBER OR DATE OF ISSUE PRINTED ON THEM. YOU WRITE THIS INFORMATION ON THEM.

Once a month the WIC computer system produces manual vouchers (MVs), in packages, for each local WIC program that has ordered them. Manual vouchers are delivered to the local WIC program with the regular (computer-generated) vouchers on about the 24th or 25th of the month, and are accompanied by a Voucher Transmittal Record, Manual Voucher Input Forms, and a Manual Voucher Inventory Log.

Use manual vouchers when:

1. No regular vouchers were issued for the participant because of:
   - initial certification or transfer
   - certification completed too late for input cutoff day
   - errors made on Type 1 participant input
   - input not sent or not received at state WIC office by cutoff
   - recertification input not sent or not accepted
2. The participant needs a package change
3. There is a mistake on a regular voucher
4. You need to replace lost, stolen, or damaged vouchers

USING MANUAL VOUCHERS

There are 6 steps for using manual vouchers, manual voucher input forms, and the Manual Voucher Inventory Log. Each step is outlined in detail in the section(s) indicated below.

1.	Releasing MV's from inventory	MANUAL VOUCHER INVENTORY LOG
2.	Preparing MV's and inputs	PREPARING MANUAL VOUCHERS
		PREPARING MANUAL VOUCHER INPUT FORMS

3.	Distributing or voiding MV's and inputs	DISTRIBUTING MANUAL VOUCHERS VOIDING MANUAL VOUCHERS
4.	Batching and mailing inputs	BATCHING MANUAL VOUCHER INPUT FORMS MAILING GUIDELINES FOR MANUAL VOUCHER INPUT
5.	Completing the Main Inventory Log to indicate disposition of vouchers	MANUAL VOUCHER INVENTORY LOG
6.	Checking for acceptance of input onto Voucher Masterfile	MANUAL VOUCHER INVENTORY LOG WIC MANUAL VOUCHER UPDATE LISTING

ORDERING MV PACKAGES

ORDER MANUAL VOUCHER PACKAGES ONCE A MONTH.

MAIL OR CALL IN YOUR ORDER TO THE STATE WIC OFFICE BY NOON ON THE ORDER DEADLINE DAY EACH MONTH.

Use the Manual Voucher Order Form and follow the procedures below to determine and order the maximum number of packages you need.

1. On the order form, record the number of each package type in your inventory. (Include all site and travel box inventories.) You may physically count the packages in your inventories OR you may count the packages not yet "Released" according to your Manual Voucher Inventory Logs. (Include all site and travel box logs.) Count all packages not yet written up for a participant.

2. Total and record the number of packages in your inventory (A).

3. Multiply your assigned caseload by .6 (B).

4. Subtract (A) from (B). This difference (C) is the maximum number of packages you can order.

5. Record how many of each package type you want to order. You may order as few as 2. Order even numbers of packages only.

6. Total and record the number of packages you want to order. Be sure this total does not exceed the maximum number of packages you can order (#4 above). Excessive orders will not be filled.

7. Do not fill in the column labeled "Total vouchers".

8. Fill in program name, program #, date, and quantities of food delivery supplies ordered.

9. Whether you mail or phone in your order, be sure to give all information outlined in heavy black on the order form.

10. Keep a copy of your order form for your records.

MANUAL VOUCHER ORDER FORM

Program _____ Program #_____ Date _____ | Called in by _____

FOOD PACKAGE	# PKGS. IN IN-VENTORY	PACKAGES ORDERED		TOTAL VOUCHERS (SA USE)
171			x4	
173			x4	
195			x4	
200			x4	
201			x5	
208			x1	
210			x4	
290			x1	
320			x4	
322			x4	
421			x4	
553			x4	
600			x4	
620			x8	
625			x6	
691			x5	
696			x4	
700			x4	
701			x5	
800			x4	
90			x3	
9[illegible]			x2	
942			x1	
9[illegible]			x2	
[illegible]				

SA ORDER REVIEW

Assigned caseload: _____

x100% _____

Total pkgs. on hand: _____

Maximum pkgs. to be ordered: _____

Total pkgs. ordered: _____

ok____ not ok____ SA Init. _____

FOOD DELIVERY SUPPLIES	Amount
Participant Data Forms	
Participant Data Forms (1/2 sheet)	
Participant Input Forms (old)	
Manual Voucher Input Forms	
Disketts Logs	
Input Log Forms (old)	
Postage-Paid Mailers	
ID Cards	
Other:	

MW ORDERS DUE AT NOON OF:

10/13 11/9 12/11

RECEIVING MVs

THE LOCAL AGENCY IS FINANCIALLY LIABLE FOR MANUAL VOUCHERS AS SOON AS THEY ARE DELIVERED TO THE AGENCY.

AS SOON AS YOU RECEIVE THE VOUCHERS AND REPORTS, CHECK THE VOUCHERS AGAINST THE VOUCHER TRANSMITTAL RECORD AND REPORT ANY DISCREPANCIES IMMEDIATELY TO THE STATE WIC OFFICE.

LATE ARRIVAL

Call the state WIC office if you do not receive your vouchers by 4:00 p.m. on the day they are scheduled to be delivered.

VOUCHER TRANSMITTAL RECORD FOR MVs

THE VOUCHER TRANSMITTAL RECORD FOR MANUAL VOUCHERS LISTS THE BEGINNING AND ENDING SERIAL NUMBERS, BY PACKAGE, OF ALL MANUAL VOUCHERS INCLUDED IN A SHIPMENT. CHECK THE VOUCHER SERIAL NUMBERS UPON RECEIPT OF THE VOUCHERS AND REPORT ANY DISCREPANCIES TO THE STATE OFFICE IMMEDIATELY.

KEEP THE VOUCHER TRANSMITTAL RECORD FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

MANUAL VOUCHER TRANSMITTAL RECORD — REPORT NO. WIC0378 - MVTR

STATE OF MASSACHUSETTS — B.S.O. - WIC SERVICES
DATE - 06/15/88

PROGRAM 008 EAST BOSTON WIC

PACKAGE NUMBER 322

LEFT STARTING NUMBER 8259864 THRU LEFT ENDING NUMBER 8259943

RIGHT STARTING NUMBER 8359864 THRU RIGHT ENDING NUMBER 8359943

PACKAGE NUMBER 333

LEFT STARTING NUMBER 8259944 THRU LEFT ENDING NUMBER 8259959

RIGHT STARTING NUMBER 8359944 THRU RIGHT ENDING NUMBER 8359959

PACKAGE NUMBER 343

LEFT STARTING NUMBER 8259960 THRU LEFT ENDING NUMBER 8259979

RIGHT STARTING NUMBER 8359960 THRU RIGHT ENDING NUMBER 8359979

PACKAGE NUMBER 345

LEFT STARTING NUMBER 8259980 THRU LEFT ENDING NUMBER 8260059

RIGHT STARTING NUMBER 8359980 THRU RIGHT ENDING NUMBER 8360059

MV INVENTORY LOG

TRACK ALL MANUAL VOUCHERS USING THE MANUAL VOUCHER INVENTORY LOG.

KEEP THE MANUAL VOUCHER INVENTORY LOG FOR SEVEN FISCAL YEARS AFTER THE YEAR IN WHICH THE LAST PACKAGE ON THE LOG WAS DISTRIBUTED OR VOIDED.

The Manual Voucher Inventory Log lists all manual vouchers issued to a program each month, in serial number order by food package. Use it to record the "history" of each manual voucher and its input form, so you can track any voucher at any time.

Each line of the Manual Voucher Inventory Log corresponds to one package of manual vouchers and one input form. For each food package listing, the log lists two sets of serial numbers: first the left and then the right side serial numbers as they appear on the transmittal record for manual vouchers.

You receive two copies of the Manual Voucher Inventory Log: one to be used as the Main Inventory Log, and one to be used as a Site Log.

- Keep the Main Inventory Log at your program's main office and use it to record the release of vouchers from the main inventory and indicate whether those vouchers were distributed or voided.

- Keep the Site Log(s) 1) at sites where vouchers are stored and 2) with travel boxes, and use them to record release of vouchers from site inventories or travel boxes and indicate whether those vouchers were distributed or voided.

  You are not required to use a site log if you update your Main Inventory Log at least twice a week. This ensures frequent monitoring of distribution patterns and voucher disposition. If manual vouchers are prepared in advance of distribution, keep a list of package numbers, serial numbers and dates of removal from inventory with the site MV inventory and with the Main Inventory Log.

See the end of this section for an explanation of terms.

Releasing MV's From Inventory

a. Main Inventory Log

Whenever MV packages are taken from the main inventory, either for immediate use or for adding to inventory at another site or travel box, the person releasing the vouchers records under RELEASED FROM INVENTORY 1) her/his initials, 2) the date, and 3) the site or travel box where the vouchers are used or sent. (See Example A following.)

When vouchers are sent to a site inventory or travel box, the corresponding pages of the Site Log should be sent with the vouchers. (You may need to make extra copies of some pages.)

The blank line following RELEASED FROM INVENTORY is optional and may be used to record information for tracking vouchers or input forms, such as participant name or ID number, issue date, control numbers, etc.

b. Site Log

Whenever MV packages are taken from a site inventory or travel box, the person releasing them records her/his initials and the date under RELEASED FROM INVENTORY. The site at which vouchers are used is recorded once at the top of the page at SITE ____*. (See Example B following.)

The blank line on the Site Log is for your use.

Completing Main Inventory Log To Indicate Disposition Of Vouchers

a. On a regular basis (daily or weekly), copy the distrib/void date from input copies onto the corresponding line on the Main Inventory Log under DISTRIB/VOID DATE. If the distribution date is in a month different from the month of issue, note the month of issue in the column provided.

Write "V" beside the date for fully-voided packages. For partially-voided packages, circle and write "V" above the voided serial numbers. (See Example C following.)

Store the input copies in serial number order behind their corresponding Main Inventory Log sheets. (If the input copies are stored at sites, bring the Main Inventory Log to the site where the copies are stored, record the DISTRIB/VOID DATE, then return the log to the main office.) An entry under DISTRIB/VOID DATE verifies that the input copy has been stored with the Main Inventory Log or physically verified as stored with Site Log.

b. When all MV packages that were produced in a given month have been distributed or voided, their corresponding log sheets and input copies should be stored together in serial number order by package and date produced.

Checking For Acceptance Of Input Onto Voucher Masterfile

To make sure input was accepted and to prevent cash errors*, match the weekly Voucher Update Listing against input copies or the Main Inventory Log. Place a check under INPUT ACCEPTED beside each package whose serial numbers are listed on the Voucher Update Listing. Correct and resubmit voucher inputs which don't appear on the Voucher Update Listing, if possible; most of these will appear on the Voucher Edit or Reject Listing.

If you follow this procedure, you may wish to keep your input copies together as batched until you've compared them with the Voucher Update Listing, and then file them with the corresponding log pages.

See the WIC MANUAL VOUCHER UPDATE LISTING section in this Voucher System Manual for more information on checking for acceptance of input onto the Voucher Masterfile.

* Paid vouchers for which there is no issuance record on the Voucher Masterfile. See the CASH ERRORS section of this Voucher System Manual.

EXPLANATION OF TERMS FOR MANUAL VOUCHER INVENTORY LOG

PRODUCED __/__/__	Date vouchers and inventory log were produced
RIGHT-PAGE 00_	Side of the voucher stock used during production
	Page number for log for this date (page numbers start at 1 for each month's log)
SITE	For "site log" only: site number where log is kept
RELEASED FROM INVENTORY	Three items to fill out on main log whenever vouchers leave main inventory. On site log, fill out first 2 items.
BY	Initials of person releasing vouchers
DATE	Date vouchers released from inventory
TO SITE	Site or travel box to which vouchers released (may be main site)
BLANK COLUMN	For local program use. May use to record participant's name, issue date, control number, etc.
DISTRIB/VOID DATE	Date on which vouchers were actually distributed to a participant or voided; copied from top line of input form.
	NOTE: this line verifies that the input form copy has been stored with the main log or physically verified as stored with the site log
ISSUE MONTH	Month of issue; complete only if month of issue differs from month of distribution
INPUT ACCEPTED	✔ when voucher serial numbers appear on update, then discard update. You may write date of update in place of a check mark.
RETAIN ... YEARS	Keep these documents for 7 fiscal years after the year in which this page of the log was fully completed

EXAMPLE A: MAIN MANUAL VOUCHER INVENTORY LOG

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 002-UPHAMS CORNER WIC

PRODUCED 07/19/88
LEFT-PAGE 004

SITE ____*

PACKAGE 175

VOUCHER SERIAL NUMBERS				RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	ISSUE MONTH	INPUT ACCEPTED
8280088	8280089	8280090	8280091	MC	7/5/88	02				
8280092	8280093	8280094	8280095	MC	7/5/88	02				
8280096	8280097	8280098	8280099	MC	7/5/88	02				
8280100	8280101	8280102	8280103	MC	7/5/88	02				
8280104	8280105	8280106	8280107	MC	7/5/88	01				
8280108	8280109	8280110	8280111	MC	7/12/88	TB				
8280112	8280113	8280114	8280115	MC	7/13/88	TB				
8280116	8280117	8280118	8280119							
8280120	8280121	8280122	8280123							
8280124	8280125	8280126	8280127							
8280128	8280129	8280130	8280131							
8280132	8280133	8280134	8280135							
8280136	8280137	8280138	8280139							
8280140	8280141	8280142	8280143							
8280144	8280145	8280146	8280147							
8280148	8280149	8280150	8280151							

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MNTH

EXAMPLE B: SITE LOG

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 002-UPHAMS CORNER WIC

PRODUCED 07/19/88
LEFT-PAGE 004

SITE 02*

PACKAGE 175

VOUCHER SERIAL NUMBERS				RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	ISSUE MONTH	INPUT ACCEPTED
8280088	8280089	8280090	8280091	DP	7/7/88					
8280092	8280093	8280094	8280095	DP	7/7/88					
8280096	8280097	8280098	8280099	DP	7/12/88					
8280100	8280101	8280102	8280103							
8280104	8280105	8280106	8280107							
8280108	8280109	8280110	8280111							
8280112	8280113	8280114	8280115							
8280116	8280117	8280118	8280119							
8280120	8280121	8280122	8280123							
8280124	8280125	8280126	8280127							
8280128	8280129	8280130	8280131							
8280132	8280133	8280134	8280135							
8280136	8280137	8280138	8280139							
8280140	8280141	8280142	8280143							
8280144	8280145	8280146	8280147							
8280148	8280149	8280150	8280151							

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MNTH

EXAMPLE C: MAIN INVENTORY LOG

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 002-UPHAMS CORNER WIC

PRODUCED 07/19/88
LEFT-PAGE 004

SITE ___*

PACKAGE 175
VOUCHER SERIAL NUMBERS

VOUCHER SERIAL NUMBERS	RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	ISSUE MONTH	INPUT ACCEPTED
8280088 8280089 8280090 8280091	MC	7/5/88	02		7/7/88	6/88	___
8280092 8280093 8280094 8280095 ✓	MC	7/5/88	02		7/8/88	___	___
8280096 8280097 8280098 8280099	MC	7/5/88	02	✓	7/12/88	___	___
8280100 8280101 8280102 8280103	MC	7/5/88	02			___	___
8280104 8280105 8280106 8280107	MC	7/5/88	01		7/7/88	___	___
8280108 8280109 8280110 8280111	MC	7/12/88	TB		7/11/88	___	___
8280112 8280113 8280114 8280115	MC	7/12/88	TB			___	___
8280116 8280117 8280118 8280119							
8280120 8280121 8280122 8280123							
8280124 8280125 8280126 8280127							
8280128 8280129 8280130 8280131							
8280132 8280133 8280134 8280135							
8280136 8280137 8280138 8280139							
8280140 8280141 8280142 8280143							
8280144 8280145 8280146 8280147							
8280148 8280149 8280150 8280151							

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MNTH

PREPARING MVs

TO PREPARE A MANUAL VOUCHER, FILL IN THE FOLLOWING:

- PARTICIPANT'S IDENTIFICATION NUMBER
- PARTICIPANT'S NAME
- YOUR LOCAL PROGRAM SITE NUMBER
- "NOT GOOD BEFORE" DATE
- "NOT GOOD AFTER" DATE

WRITE YOUR INITIALS, THE DATE AND THE SITE ON THE MANUAL VOUCHER INVENTORY LOG, AND FILL OUT A MANUAL VOUCHER INPUT FORM.

If you make a mistake, do not cross out or use correction fluid (whiteout); use a new voucher.

PREPARING MV INPUT FORMS

USE MANUAL VOUCHER INPUT FORMS TO ADD INFORMATION ABOUT A PARTICIPANT RECEIVING MANUAL VOUCHERS TO THE VOUCHER MASTERFILE.

COMPLETE THE MANUAL VOUCHER INPUT FORM WHEN YOU ISSUE THE MANUAL VOUCHERS TO THE PARTICIPANT, AND MAKE SURE S/HE SIGNS IT.

KEEP A COPY OF THE COMPLETED INPUT FORM FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

The Manual Voucher Input Form is your link to the computer's Voucher Masterfile, which contains issuance information for all manual or computer-generated vouchers. Fill out manual voucher input forms carefully and accurately, and submit them regularly.

GENERAL INSTRUCTIONS

1. Print neatly with ball point pen in blue ink. This makes the input form easier to read for the people who keypunch the information, and reduces keypunch errors.

2. Always fill in the information on the input form starting at the left-most position.

3. If the number representing a month or day has only one digit, put a zero in front of it. (e.g., 4/9/88 becomes 040988.)

4. Start the participant identification number in the left-most space and leave the 8th digit blank.

5. Start the participant's name in the left-most space and leave unused positions blank. Use only the number of spaces allowed.

6. Complete the top line ("header") on every input form. The computer will not accept records with incomplete headers.

7. Fill in all fields on the manual voucher input form. Every field on the manual voucher input form is a critical field, and the computer will reject the input if any are left blank.

8. Make sure the participant ID number and site code match those assigned on the participant input form in order to prevent the participant's name from apppearing on the PNMF report.

   See the PARTICIPANTS NOT ON MASTERFILE section in this Voucher System Manual.

NOTE: All manual voucher input forms are Transaction Type 1's which add information to the Voucher Masterfile. INFORMATION IN THE VOUCHER MASTERFILE CANNOT BE CHANGED ONCE THE COMPUTER ACCEPTS IT.

There are two types of manual voucher input forms:

1. White preprinted manual voucher input forms - These input forms are preprinted with the serial numbers of the vouchers in a corresponding manual voucher package.

2. Green replacement manual voucher input forms - Use these inputs if the white preprinted input form cannot be used.

See the following sections for specific instructions for white and green forms.

WHITE PREPRINTED MV INPUT FORMS

MAKE SURE YOU COMPLETE ALL FIELDS IN THE HEADER AND LINE 1.

KEEP COMPLETED INPUT FORMS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

FILLING IN THE HEADER

Location code. Enter the two-digit code that designates your specific site. See the LOCAL PROGRAM AND SITE CODES section of this Voucher System Manual for codes.

Participant identification number. Enter the seven-digit identification number you have assigned to the participant. The computer assigns the eighth digit.

Input number. Enter a "1" if this is the first or only MV input form for this participant in this batch, enter a "2" if it is the second MV input, etc. Acceptable values for this field are "1", "2", "3", and "4".

Distrib/void date. Enter the date the participant actually received the vouchers (or the date they were voided) using six digits. Example: April 4, 1987 would be 04/04/87.

Staff initials. The staff person distributing (or voiding) the vouchers writes her/his initials here soon as the participant signs the input form.

Participant signature. Make sure the participant or proxy signs here when s/he receives the vouchers. The input form is a receipt for the vouchers.

FILLING IN LINE 1

Participant's last and first name. Enter the participant's last and first names.

Issue date. Enter the six-digit number for month, day and year for the issue date written on the vouchers (which may be different from the date the participant actually receives the vouchers).

RETAINING MANUAL VOUCHER INPUT FORMS

Keep manual voucher input forms for seven years. File them in serial number order with the Manual Voucher Inventory Log. See MANUAL VOUCHER INVENTORY LOG section in this Voucher System Manual for more information.

PREPRINTED MANUAL VOUCHER INPUT FORM

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 173

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	INPUT NUMBER	DISTRIB/VOID DATE		
M	005	01	1132665	2	071489	LB	[signature]
1	2 4	5 6	7 14	15	16 21	STAFF INIT	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	White	Stella	081487
	22 23 37	38 51	52 57

LINE 2	002	9309189	008	9309190	014	9309191	009	9309192			
	22	23 32	33	42	43	52	53	62	63	72	

LINE 3											
	22	23 32	33	42	43	52	53	62	63	72	

GREEN REPLACEMENT MV INPUT FORMS

SUBMIT A GREEN MANUAL VOUCHER INPUT FORM IF FOR ANY REASON THE WHITE PREPRINTED FORM CANNOT BE USED.

COMPLETE ALL FIELDS IN THE HEADER AND LINE 1 (EXCEPT DESIGN. VENDOR). ALL FIELDS ARE CRITICAL FIELDS.

USE LINES 2 AND 3 TO RECORD THE VOUCHER CODE (TYPE) AND SERIAL NUMBER OF EACH MANUAL VOUCHER ISSUED.

KEEP COMPLETED MANUAL VOUCHER INPUT FORMS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

When completing a green manual voucher input form, make sure that:

1. You record on each form only manual vouchers that have the same issue date.
2. You complete a separate green input form for each participant who receives manual vouchers on any given day.
3. You complete all critical fields.
4. You copy the participant ID and site code exactly as they appear on the new participant input form or participant report, so that errors do not appear on PNMF report.

FILLING IN THE HEADER. EVERY FIELD IN THE HEADER IS A CRITICAL FIELD (*).

* Program code. Enter the three digit number that designates your specific local WIC Program. See LOCAL PROGRAM AND SITE CODES section in this Voucher System Manual for codes.

* Site code. Enter the two-digit code that designates your specific site within the local program. See LOCAL PROGRAM AND SITE CODES section in this Voucher System Manual for codes.

* Participant identification number. Enter the seven-digit identification number that you have assigned the participant. The computer assigns the eighth digit.

* Trans. type (input number). The number 1 is pre-printed on the form. Cross out the "1" and enter a "2" if this is the second MV input form for this participant in this batch. If it is the third, enter a "3", etc.

FILLING IN THE HEADER (cont.)

* Batch date. Enter the date the participant actually received the vouchers (or the date they were voided) by month, day and year using six digits. For example: June 9, 1987 is 06/09/87.

  Staff initials. The staff person who distributed (or voided) the vouchers must write her/his initials as soon as the participant signs the input form.

  Participant or proxy signature. Make sure the participant or proxy signs here when s/he receives the manual vouchers. The input form thus becomes a receipt for the vouchers.

FILLING IN LINE 1

* Participant's last name. Enter the participant's last name.

* First name. Enter the participant's first name.

  Initial. Enter the participant's middle initial. Optional field.

* Voucher issue date ("not good before" date). Enter the six-digit number by month, day and year that represents the date the vouchers are being issued.

** CHECK CRITICAL FIELDS FOR LINE 1 **

FILLING IN LINES 2 AND 3

* Voucher code. Enter the three-digit code indicating the type of voucher being issued. This code number is printed on the voucher.

* Voucher serial number. Enter the seven-digit serial number that is printed on the voucher.

  Fill out blocks 2 through 10 as necessary, depending on the number of manual vouchers you are issuing.

** CHECK CRITICAL FIELDS FOR LINES 2 AND 3 **

RETAINING MANUAL VOUCHER INPUT FORMS

Keep manual voucher input forms for seven years. File them in serial number order with the Manual Voucher Inventory Log. See MANUAL VOUCHER INVENTORY LOG section in this Voucher System Manual for more information.

SAMPLE REPLACEMENT MANUAL VOUCHER INPUT FORM

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

MANUAL VOUCHER INPUT FORM

	PROGRAM CODE	SITE CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS. TYPE	DISTRIB/VOID DATE (MM/DD/YY)	
M	001	01	5710323	1	042298	PARTICIPANT OR PROXY SIGNATURE: [signature] / STAFF INITIALS: RK
1	2 4	5 6	7 14	15	16 21	

PLEASE PRINT IN BLUE INK

LINE	PARTICIPANT'S LAST NAME	FIRST NAME	VOUCHER ISSUE DATE (MM/DD/YY)
1	SADCHEZ	MARTA	041988
22	23 37	38 51	52 57

LINE	1. VOUCHER CODE	1. VOUCHER SERIAL NUMBER	2. VOUCHER CODE	2. VOUCHER SERIAL NUMBER	3. VOUCHER CODE	3. VOUCHER SERIAL NUMBER	4. VOUCHER CODE	4. VOUCHER SERIAL NUMBER	5. VOUCHER CODE	5. VOUCHER SERIAL NUMBER
2	002	8881322	009	8891324	014	8881325	019	8881326		
22	23 25	26 32	33 35	36 42	43 45	46 52	53 55	56 62	63 65	66 72
3										
22	23 25	26 32	33 35	36 42	43 45	46 52	53 55	56 62	63 65	66 72

LINE	6. VOUCHER CODE	6. VOUCHER SERIAL NUMBER	7. VOUCHER CODE	7. VOUCHER SERIAL NUMBER	8. VOUCHER CODE	8. VOUCHER SERIAL NUMBER	9. VOUCHER CODE	9. VOUCHER SERIAL NUMBER	10. VOUCHER CODE	10. VOUCHER SERIAL NUMBER
3										
22	23 25	26 32	33 35	36 42	43 45	46 52	53 55	56 62	63 65	66 72

MY WIC 11/87

ISSUING MULTIPLE MV PACKAGES

THERE ARE SITUATIONS IN WHICH YOU NEED TO ISSUE SEVERAL MANUAL VOUCHER PACKAGES TO A PARTICIPANT AT THE SAME TIME. TO MAKE SURE ALL INPUTS ARE ACCEPTED ONTO THE VOUCHER MASTERFILE, FOLLOW THE PROCEDURES BELOW.

You may issue more than one manual voucher package to a participant at the same time to:

1. issue two months' worth of vouchers
2. enable a new participant to "catch up" to another family member's pick-up day
2. create a package not available as a manual voucher package
3. issue a package which is not in stock
4. issue more than 4 voucher 699s.

USING UP TO FOUR MV INPUT FORMS

The computer will not accept two inputs with the same participant ID number and the same input number in the same batch. To differentiate between them, use the INPUT NUMBER field. Indicate "1" on the first one, "2" on the second, etc. This tells the computer that you are submitting separate inputs. You may issue up to four packages this way.

For example, you need to issue a package 201 to a participant for both July and August and you don't have any in stock. You issue the participant voucher packages 200 and 299 dated for July and packages 200 and 299 dated for August. Number the inputs "1" through "4" in the INPUT NUMBER field.

COMBINING MANUAL VOUCHER PACKAGES

If you are using more than four manual voucher inputs for a participant (for example, issuing 200 and 299 for two months plus a "catch-up" package), you must combine packages, since the computer will only accept 4 inputs at a time.

In the following instructions, the input form which will be submitted to the state WIC office is referred to as Input A. The input which will not be submitted is referred to as Input B.

1. Select the input form for the package containing the larger number of vouchers. This will be Input A.

2. Copy the voucher type and serial numbers to be used from Input B into the next blank spaces (Line 2 or Line 3) on Input A. Void serial numbers which won't be used, if any, and attach the voided vouchers to Input B.

3. Complete Input A as usual.

4. On Input B, write "prepared with" followed by the food package number and the first serial number from Input A. Write the date and your initials.

5. On the Inventory Log listing Input A, record the package as released and distributed using normal procedures. File the copy of this input with its respective Inventory Log.

6. On the Inventory Log listing Input B, record the package as released using normal procedures. Record the package as distributed using the date the package was combined (as noted on Input B). Flag this entry (an asterisk is recommended) and do not count it when tallying your monthly participation. File both copies of the input with their respective Inventory Log.

ISSUING "CATCH UP" PACKAGES

A "catch up" package is an extra partial package given to a participant who is enrolled in the program at the beginning of the month and who will pick up her/his next set of vouchers in the middle of the month from now on.

In these cases, give one complete package and issue a second, partial package dated for the beginning of the following month. This allows the participant the appropriate time frames in which to use the vouchers.

COMBINING MANUAL VOUCHER PACKAGES

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 173

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	INPUT NUMBER	DISTRIB/VOID DATE		
M	004	01	1639201	1	7/5/89	NE	Cynthia Jones
1	2 4	5 6	7 14	15	16 21	STAFF INIT	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LIN. 1	Jones	Cynthia	7/5/89
	22 23 37	38 51	52 57

LIN. 2	002	9438442	003	9438443	004	9438444	005	9438445	006	9438446
	22 23	32	33	42	43	52	53	62	63	72
LIN. 3	006	9438447								
	22 23	32	33	42	43	52	53	62	63	72

Input A

SUBMIT ORIGINAL; SAVE COPY

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 173

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

prepared with
pkg 173 9438442
NE 7/18/89

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	INPUT NUMBER	DISTRIB/VOID DATE		
M	004						
1	2 4	5 6	7 14	15	16 21	STAFF INIT	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LIN. 1			
	22 23 37	38 51	52 57

LIN. 2	002	9438446	003	9438447	004	[illegible]	005	[illegible]		
	22 23	32	33	42	43	52	53	62	63	72
LIN. 3										
	22 23	32	33	42	43	52	53	62	63	72

Input B

DO NOT SUBMIT; SAVE BOTH COPIES

DISTRIBUTING MVs

FOLLOW ACCOUNTABILITY PROCEDURES WHEN YOU DISTRIBUTE MANUAL VOUCHERS.

Arrange your program's certification and voucher distribution procedures so that under all normal circumstances, the person who distributes vouchers to a WIC participant is not the person who certified her/him.

Ask to see the participant's WIC ID card to make sure the right person gets the vouchers. Have proxies present the participant's WIC ID card and a dated authorization form or dated note signed by both the participant and proxy.

Be sure that the participant is eligible for each set of vouchers they are going to receive.

Make sure every person receiving vouchers signs the input forms, which serve as a receipt. Immediately write your initials and the date next to the participant's signatures.

See the following sections in this Procedure Manual for more information:

- PREPARING MANUAL VOUCHERS
- MANUAL VOUCHER INVENTORY LOG

VOIDING MVs

VOID AND RETAIN ALL MANUAL VOUCHERS THAT CANNOT BE USED.

KEEP VOUCHERS AND RECORDS FOR 7 YEARS FROM THE END OF THE FISCAL YEAR IN WHICH THEY WERE VOIDED.

You may have to void manual vouchers for the following reasons:

- an error is made when filling in the voucher
- vouchers are filled in for a specific participant but are not given to the participant (e.g. no show for voucher pick-up, wrong food package, etc.)
- a voucher gets torn or otherwise mutilated
- voucher(s) are returned by the participant

PROCEDURE FOR VOIDING MANUAL VOUCHERS

If you are voiding an entire package:

a. Stamp or mark each voucher "VOID".

b. Write on the preprinted input form for the package:

- "ALL VOID"
- the date the vouchers were voided under DISTRIB/VOID DATE
- initals of WIC staff who voided the vouchers

See Example A following.

c. Attach the voided vouchers to both copies of the voided input form.

d. On the Manual Voucher Inventory Log, write "V" and the date under DISTRIB/VOID DATE.

See Example C in the MANUAL VOUCHER INVENTORY LOG section of this Voucher System Manual.

e. File the voided vouchers and input form with distributed or voided input forms, in serial number order, with the corresponding Manual Voucher Inventory Log page.

If you are voiding part of a package:

a. Stamp or mark "VOID" on the vouchers you are not using.

b. Write on the preprinted input form:

- "VOID" across the serial numbers of the voided vouchers
- the date the vouchers were voided
- the initials of the staff person who voided the vouchers

See Example B following.

c. Distribute the remaining vouchers using normal procedures.

See the DISTRIBUTING MANUAL VOUCHERS section in this Voucher System Manual.

d. Attach the voided vouchers to your signed copy of the input form.

e. On the Manual Voucher Inventory Log, circle and write "V" above the voided serial number(s) and write the date of distribution.

See the MANUAL VOUCHER INVENTORY LOG section in this Voucher System Manual.

f. File the signed copy and voided vouchers with other distributed or voided input forms, in serial number order, with corresponding Manual Voucher Inventory Log page.

g. Send one copy of the input form to the state WIC office.

See the following sections in this Voucher System Manual: BATCHING MANUAL VOUCHER INPUT FORMS and MAILING GUIDELINES FOR MANUAL VOUCHER INPUT.

VOIDING MANUAL VOUCHER PACKAGES

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 17S

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

All Void

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	INPUT NUMBER	ISSUE/VOID DATE	STAFF INIT	PARTICIPANT SIGNATURE
M	041	02	0603946	2	7/11/89	[illegible]	X

PARTICIPANT LAST NAME: Early — PARTICIPANT FIRST NAME: Naomi — ISSUE DAT: 7/5/89

LIN											
1	002	9331421	008	9331422	014	9331423	009	9331424			
2											

Example A
Voiding Entire MV Package

VOIDING MANUAL VOUCHER PACKAGES

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 201

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	INPUT NUMBER	DISTRIB/VOID DATE	STAFF INIT	PARTICIPANT SIGNATURE
M	004	01	1352542	1	01/13/89	LH	Le Trinh
1	2 4	5 6	7 14	15	16 21		

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	Trinh	Le	01/13/89
	22 23 37	38 51	52 57

LINE 2	124	9207829	124	9207830	124	9207831	153	9207832	125	V67653
	22 23	32	33	42	43	52	53	62	63	72
LINE 3										
	22 23	32	33	42	43	52	53	62	63	72

Example B

Voiding Partial MV Package

SUBMITTING MV INPUT

IN ORDER TO KEEP YOUR VOUCHER MASTERFILE UP TO DATE, SUBMIT BATCHED MANUAL VOUCHER INPUT TO THE STATE WIC OFFICE ON A REGULAR BASIS.

BATCHING MV INPUT FORMS

TO SUBMIT INFORMATION TO THE VOUCHER MASTERFILE, GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE INPUT FORMS.

CHECK YOUR INPUT FORMS, ESPECIALLY HEADERS, FOR ACCURACY AND COMPLETENESS IN CRITICAL FIELDS TO REDUCE PNMF AND CASH ERRORS.

SEPARATE ALL OF YOUR MANUAL VOUCHER INPUT FORMS INTO BATCHES BY SITE, AND PREPARE AN INPUT LOG FORM FOR EACH MAILING OF INPUT.

To prepare input for mailing:

- Staple up to 25 input forms together, all of the same type and input number, from the same site
- Staple once only, in upper left corner
- In the upper right corner of the top input form, write and circle the total number of input forms in the batch
- Send as many batches of input together as you wish
- For each envelope of input, enclose one input log listing the totals for each type of input in the envelope (see example in this section)

SAMPLE COMPLETED INPUT LOG FORM

Massachusetts WIC Program

INPUT LOG

(Input Sent to State Office)

Program Name QUINCY

Date Mailed 9/30/88

Amount sent: 10 Participant type 1's

— Participant type 2's

20 Manual voucher inputs

— Vendor inputs

MAILING GUIDELINES FOR MV INPUT

SEND YOUR BATCHED MV INPUT FORMS TO THE STATE OFFICE REGULARLY AND FREQUENTLY, AT LEAST TWICE A WEEK, USING PREPRINTED BUSINESS REPLY MAIL ENVELOPES.

IF YOU DON'T KNOW HOW LONG IT USUALLY TAKES THE POST OFFICE TO DELIVER YOUR INPUT TO THE STATE OFFICE, FIND OUT BY ASKING STATE STAFF TO CHECK THE STATE LOGBOOK.

TAKE MAILING TIME INTO ACCOUNT, AND ESTIMATE MAILING TIME GENEROUSLY.

STATE STAFF WILL INFORM YOU ON REQUEST ABOUT INPUT RECEIVED.

It can take from several days to a week and a half for your manual voucher input to be processed by the WIC computer system, depending on when you mail it and how long the post office takes to deliver it.

Weekly cutoff times for manual voucher input are Wednesday noon and Friday noon.

- Input received by Wednesday noon is included in reports mailed on Friday of the same week.
- Input received by Friday noon is included in reports mailed on Tuesday of the following week.

This schedule may vary somewhat on weeks when there is a holiday.

Manual voucher inputs are not processed on days when computer-generated vouchers are produced. Input received since the last run will be processed during the next regularly scheduled run.

MONTHLY INVENTORY CHECK

ONCE A MONTH, MAKE A PHYSICAL INVENTORY OF ALL MANUAL VOUCHERS ON HAND (ALL MANUAL VOUCHERS NOT DISTRIBUTED OR VOIDED) AND COMPARE IT WITH THE MANUAL VOUCHER INVENTORY LOG.

To carry out the monthly inventory check, use the following procedure:

1. Update the DISTRIB/VOID column on the main Manual Voucher Inventory Log to make it as current as possible.

2. On the Monthly Inventory of Manual Vouchers form, record the serial numbers (in batches when possible) of all manual vouchers on hand. Include manual vouchers at all sites which are in inventory or which have been prepared for a participant but not yet distributed.

   The Monthly Inventory of Manual Vouchers form is included in your Originals Packet.

3. Compare the serial numbers listed on the Monthly Inventory of Manual Vouchers form with those on the main Manual Voucher Inventory Log. The serial numbers recorded on the monthly inventory form should be the same as the serial numbers of manual vouchers which have not been either distributed or voided as shown on the main inventory log.

4. Investigate any discrepancies in which vouchers cannot be found and the vouchers have not been recorded as distributed or voided on the main inventory log. You should be able to locate all vouchers which:

   - have not been released on main and/or site logs

   OR

   - have been released on the main log and site logs but not yet distributed or voided on the main Manual Voucher Inventory Log.

5. Record and explain any unresolved discrepancies on the back of the monthly inventory form or an attached sheet. Do not carry unresolved discrepancies forward on subsequent monthly inventory logs.

6. The Program Director should verify, sign, and date the Monthly Inventory of Manual Vouchers.

7. Store the Monthly Inventory of Manual Vouchers in the main office. Keep it for seven years from the end of the fiscal year to which it pertains.

NOTE: 1. The person who makes the physical inventory of manual vouchers on hand should not be the same person who compares the monthly inventory form with the main inventory log.

2. Manual vouchers which are prepared in advance but not yet distributed are considered to be "on hand"; include them in the physical monthly inventory. These prepared MVs will be easier to inventory if you store them in one location rather than in participant's records. (Corresponding MV input forms can be stored in the participant's records as a reminder that MVs have been prepared.)

USING WEEKLY MV MANAGEMENT REPORTS

MANUAL VOUCHER EDIT, UPDATE AND REJECT LISTINGS ARE SENT TO YOU TWICE A WEEK.

USE THE MANUAL VOUCHER UPDATE, EDIT, AND REJECT LISTINGS REGULARLY TO KEEP YOUR VOUCHER MASTERFILE AS UP-TO-DATE AS POSSIBLE.

Keep your Voucher Masterfile up-to-date to avoid cash errors and PNMF items.

- o See the CASH ERRORS section in this Voucher System Manual for a detailed explanation of cash errors.
- o See the PARTICIPANTS NOT ON MASTERFILE section of this Voucher System Manual for a detailed explanation of the PNMF listing.

USING THE EDIT, UPDATE, AND REJECT LISTINGS

Use the following procedure to identify all manual voucher input not accepted onto the Voucher Masterfile so that the input can be corrected and resubmitted.

1. Retain signed manual voucher input copies in batches as mailed until you receive the appropriate weekly reports.
2. Compare these copies with the Manual Voucher Update Listing to determine which inputs were accepted.
3. Place a ✓ under INPUT ACCEPTED and note the date accepted on the Manual Voucher Inventory Log for each manual voucher input which is listed on the Update. Check to see that all voucher serial numbers on the input copy have been listed. After checking on the MV Log all input which appears on the Update Listing, you may discard the Update Listing.
4. Compare the remaining input copies with the Edit and Reject Listings. Make corrections and resubmit inputs when possible.
5. Input copies which do not match the Update, Edit or Reject Listings probably have a missing or incorrect program code which cannot be corrected, have been lost in the mail, or were overlooked or incorrectly processed during the keypunch operation.

WIC MV UPDATE LISTING

THE WIC MANUAL VOUCHER UPDATE LISTING LISTS EVERY MANUAL VOUCHER RECORD WHICH HAS BEEN ACCEPTED IN THE VOUCHER MASTERFILE.

The Manual Voucher Update Listing contains all the information accepted from manual voucher input forms. Each voucher serial number accepted is listed along with the voucher type, its date of issue, the program and location code, participant ID number and name, and date of distribution.

The listing is sorted by program and site, and the entries are in voucher serial number order.

MANUAL VOUCHER UPDATE

WIC MANUAL VOUCHER UPDATE
AS/OF 07/07/88

UPHAMS CORNER WIC — SITE 01

	VOUCHER NO.	CODE	DATE ISSUED	PROG	SITE	RECIP ID	LAST NAME	FIRST NAME	HOUSEHOLD ID	DATE DISTRIBUTED
ADD	8002067	132	88-06-27	002	01	70234018	V[redacted]	E[redacted]	00000000	88-06-27
ADD	8002068	133	88-06-27	002	01	70234018	V[redacted]	E[redacted]	00000000	88-06-27
ADD	8002069	133	88-06-27	002	01	70234018	V[redacted]	E[redacted]	00000000	88-06-27
ADD	8002070	133	88-06-27	002	01	70234018	V[redacted]	E[redacted]	00000000	88-06-27
ADD	8003357	016	88-06-15	002	01	07184021	S[redacted]	D[redacted]	00000000	88-06-23
ADD	8003358	017	88-06-15	002	01	07184021	S[redacted]	D[redacted]	00000000	88-06-23
ADD	8003359	041	88-06-15	002	01	07184021	S[redacted]	D[redacted]	00000000	88-06-23
ADD	8003360	041	88-06-15	002	01	07184021	S[redacted]	D[redacted]	00000000	88-06-23
ADD	8003881	106	88-06-15	002	01	03399052	W[redacted]	S[redacted]	00000000	88-06-22
ADD	8003882	107	88-06-15	002	01	03399052	W[redacted]	S[redacted]	00000000	88-06-22
ADD	8003883	115	88-06-15	002	01	03399052	W[redacted]	S[redacted]	00000000	88-06-22
ADD	8003884	117	88-06-15	002	01	03399052	W[redacted]	S[redacted]	00000000	88-06-22
ADD	8004641	028	88-06-08	002	01	70123021	H[redacted]	K[redacted]	00000000	88-06-21
ADD	8004642	028	88-06-08	002	01	70123021	H[redacted]	K[redacted]	00000000	88-06-21
ADD	8004643	028	88-06-08	002	01	70123021	H[redacted]	K[redacted]	00000000	88-06-21
ADD	8004644	028	88-06-08	002	01	70123021	H[redacted]	K[redacted]	00000000	88-06-21
ADD	8004645	153	88-06-08	002	01	70123021	H[redacted]	K[redacted]	00000000	88-06-21
ADD	8004646	028	88-06-01	002	01	06674022	B[redacted]	D[redacted]	00000000	88-06-27
ADD	8004647	028	88-06-01	002	01	06674022	B[redacted]	D[redacted]	00000000	88-06-27
ADD	8004648	028	88-06-01	002	01	06674022	B[redacted]	D[redacted]	00000000	88-06-27
ADD	8004649	028	88-06-01	002	01	06674022	B[redacted]	D[redacted]	00000000	88-06-27
ADD	8004650	153	88-06-01	002	01	06674022	B[redacted]	D[redacted]	00000000	88-06-27
ADD	8100897	173	88-06-21	002	01	11630019	O[redacted]	P[redacted]	00000000	88-06-21
ADD	8100898	176	88-06-21	002	01	11630019	O[redacted]	P[redacted]	00000000	88-06-21
ADD	8100899	174	88-06-21	002	01	11630019	D[redacted]	P[redacted]	00000000	88-06-21
ADD	8100900	177	88-06-21	002	01	11630019	D[redacted]	P[redacted]	00000000	88-06-21

WIC MV EDIT LISTING

THE WIC MANUAL VOUCHER EDIT LISTING RECORDS ERRORS THAT WERE MADE ON MANUAL VOUCHER INPUT FORMS.

The WIC Manual Voucher Edit Listing lists 2 types of errors made on manual voucher input. The following error flags appear in the far right hand column of the Edit Listing.

REJECTED - The entire record was rejected by the computer due to an error in a critical field.

The record as it appears on the input form is printed with question marks appearing under each character in a field where data is missing or unacceptable. Correct or fill in the missing data on the input copy, copy the corrected input, resubmit the corrected input, and save the copy.

DUPLICATE CARD NUMBER * CARD REJECTED - Two manual voucher inputs each with the same participant identification number were submitted within the same input cycle.

The computer combines the information as follows:

Data from lines 1 and 2 of the first input was accepted and appears on the Manual Voucher Update Listing. Data from lines 1 and 2 of the second input was rejected and appears beside the flag DUPLICATE LINE NUMBER * CARD REJECTED.

If both inputs have data on line 3, only data from line 3 of the first input was accepted and appears on the Manual Voucher Update Listing, and data from line 3 of the second input appears beside DUPLICATE LINE NUMBER * CARD REJECTED.

If only the first input has data on line 3, this data was accepted and appears on the Manual Voucher Update Listing with the data from lines 1 and 2 of this input. However, if only the second input has data on line 3, this data was accepted and appears on the Manual Voucher Update Listing with data from lines 1 and 2 from the first input. Thus, the voucher serial numbers on line 3 of the second input will appear in the Voucher Masterfile as having been issued to the participant listed on the first input.

Unfortunately, there is now no way to make corrections to the Voucher Masterfile. Resubmit corrected inputs when possible and document errors in the Voucher Masterfile as follows:

- When the first input has the correct ID # and was accepted on the Update Listing, and the second input has the wrong ID # and was rejected on the Edit Listing, correct the ID # on the second input, copy the corrected input and resubmit it.

- When the first input has the wrong ID # but was accepted on the Update Listing and the second input has the correct ID # but was rejected on the Edit Listing, write the correct ID # on the first input copy; copy and resubmit the second input.

- When line 3 from the second input was accepted on the Update Listing under the participant's name from the first input, correct the ID # if necessary, then copy and resubmit the second input. On the input mailed to the state office, cross out line 3 as these serial numbers are already in the Voucher Masterfile and will bounce. Beside line 3 on your copy of the second input, note the participant name from the first input (accepted on the Update Listing).

WIC EDIT LISTING AS OF 07/12/88 PAGE 3
NORTH SHORE WIC SITE 01

INPUT CODE	PROG	LOC	RECIPIENT NUMBER	TP	DATE	LINE NO	LAST NAME	FIRST NAME	ISSUE DATE					
M	055	01	0514701	I	06-23-88	1	MIR[redacted]	MICHELLE	06-23-88					REJECTED
							1ST VOUCHER	2ND VOUCHER	3RD VOUCHER	4TH VOUCHER	5TH VOUCHER			REJECTED
							??? ???????							
							6TH VOUCHER	7TH VOUCHER	8TH VOUCHER	9TH VOUCHER	10TH VOUCHER			REJECTED

* PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

1 M055/01/0576101 106288811CAS[redacted] DAVID 062888 ***** DUPLICATE LINE NUMBER * CARD REJECTED

2 M055/01/0576101 106288821308247556/1308247557 ***** DUPLICATE LINE NUMBER * CARD REJECTED

* ? BENEATH A FIELD MEANS DATA MISSING OR UNACCEPTABLE. RECORD IS REJECTED. PLEASE RESUBMIT.

WIC MV REJECT LISTING

THE WIC MANUAL VOUCHER REJECT LISTING LISTS ERRORS INVOLVING VOUCHER SERIAL NUMBERS.

There are two types of errors flagged under REASON REJECTED on the WIC Manual Voucher Reject Listing.

1. DUPLICATE ADD - The computer has rejected this input because this voucher serial number has already been accepted in the Voucher Masterfile. This may occur for the following reasons:

   - Your copy of the input was accidently submitted after the original was accepted. In this case you will have no copy of the input on hand. Make a note on the Manual Voucher Inventory Log.

   - Voucher serial numbers were copied incorrectly when being manually added to an input form, and now they match numbers already accepted in the voucher masterfile. Determine the correct numbers and resubmit the input.

   - Key-punching error. Voucher serial numbers were incorrectly keyed as numbers already in the voucher masterfile. Determine the correct numbers and resubmit.

   - During a prior keypunching operation, voucher serial numbers were miskeyed so that when actual numbers were submitted later, they were rejected as duplicates. This cannot be corrected; note problem on your input copy.

2. DUPLICATE TRANS (TRANSACTION) - The computer has rejected this input because this voucher serial number appeared twice in this input cycle; the serial number gets listed twice on the same Reject Listing. This may occur for the following reasons:

   - The preprinted serial numbers were changed and match serial numbers on other input (also rejected as DUPLICATE TRANS) submitted in the same input cycle. (For this reason, never change preprinted serial numbers.) Correct the problem and resubmit one or both inputs if you can. Otherwise, note the problem on both input copies.

   - Voucher serial numbers were copied incorrectly when being manually added to an input form, and now they match numbers already accepted in the voucher masterfile.

   - Key-punching error. Copy and resubmit both input copies.

WIC MANUAL VOUCHER REJECT LISTING

This number is already recorded in the Masterfile

REJECT LISTING
WIC MANUAL VOUCHER UPDATE
AS/DF 03/16/88

PAGE 1

CAMBRIDGE WIC LDC 03

	VOUCHER NO.	CODE	DATE ISSUED	PROG	LDC	RECIP ID	LAST NAME	FIRST NAME	INIT	HOUSEHOLD ID	DATE CODED	REASON REJECTED
ADD	9718632	39	88-03-25	057	03	03052578	P[redacted]	NADIE		03052578	88-03-09	DUPLICATE ADD
ADD	9748717	55	88-01-21	057	D3	03070372	BEL[redacted]	STEVEN		03070372	88-02-09	DUPLICATE TRANS
ADD	9748717	56	88-01-21	057	03	03070372	BEL[redacted]	STEVEN		03070372	88-02-09	DUPLICATE TRANS

Duplicate Voucher Serial numbers

VOUCHER SECURITY

EACH YEAR LOCAL WIC PROGRAMS HANDLE VOUCHERS WORTH MILLIONS OF DOLLARS.

LOCAL AGENCIES ARE FINANCIALLY RESPONSIBLE FOR ALL VOUCHERS THEY HAVE RECEIVED.

TO AVOID LOSS OR THEFT OF VOUCHERS, FOLLOW THE ESTABLISHED PREVENTIVE SECURITY PROCEDURES FOR THE HANDLING OF VOUCHERS.

Make sure you follow all voucher security procedures so you can account for every voucher received.

SAFEGUARDING VOUCHERS AND PROGRAM STAMPS

STORE VOUCHERS AND PROGRAM STAMPS ("MASS. WIC" STAMPS) IN SEPARATE, LOCKED FACILITIES.

STORE ALL MANUAL VOUCHERS SEPARATELY FROM THE CORRESPONDING INPUTS AND INVENTORY LOG.

STORE REGULAR VOUCHERS SEPARATELY FROM THE CORRESPONDING VOUCHER REGISTER.

To avoid being held liable for any stolen vouchers, follow all the accountability procedures required by the state WIC office, plus any additional measures appropriate to your local program situation.

Never leave vouchers or program stamps unattended. Store the vouchers and stamps in separately locked facilities. This increases the difficulty of validating stolen vouchers.

If you are missing a program stamp, call the state WIC office immediately.

The voucher register, input forms and inventory log are a record of which vouchers have been distributed or voided and which vouchers are on hand. Storing these records separately lessens the likelihood of their being stolen along with vouchers.

PROGRAM STAMPS

MAKE SURE EACH INDIVIDUAL WHO ISSUES WIC VOUCHERS STAMPS THEM WITH HER/HIS INDIVIDUAL PROGRAM STAMP CONTAINING A 4-DIGIT NUMBER INDICATING THE PROGRAM CODE AND INDIVIDUAL IDENTIFICATION NUMBER.

Request program stamps for each member of your staff who distributes vouchers.

1. Give the state WIC office the name and title of the person needing the stamp.

2. The state WIC office enters this information onto the program stamp register, and mails the stamp and a copy of the stamp register to you.

3. Have the person needing the stamp sign, initial, and date the stamp register, and return the copy containing the original signature to the state WIC office.

When staff members leave your program, have them sign and date the stamp register when they return the stamp to you.

You may reissue a program stamp to a new staff person using the above procedure.

REPORTING LOST OR STOLEN VOUCHERS

IF ANY VOUCHERS ARE MISSING FROM YOUR PROGRAM AND YOU CANNOT ACCOUNT FOR THEM, OR IF A PARTICIPANT REPORTS HER/HIS VOUCHERS LOST OR STOLEN, CALL KEY BANK IMMEDIATELY TO PLACE A STOP PAYMENT ON THEM.

TO REPORT LOST OR STOLEN VOUCHERS, CALL KEY BANK AT 1-800-888-9427 AND SUBMIT A STOP PAYMENT REQUEST FORM TO THE STATE WIC OFFICE.

STOP PAYMENT REQUEST FORM

When the participant is in the WIC office, fill out a stop payment request form. Explain the significance of the state law statement and have the participant sign the form. Send one copy to the state office. Keep the second copy for your records.

If you are unsure which vouchers the participant used, make a stop payment on the entire package. Key Bank will automatically send the state office copies of any vouchers cashed prior to the stop payment. The state office will forward these copies to you to determine if they were legitimately used.

NOTIFYING THE BANK

When you call Key Bank, tell them you are calling from the Massachusetts WIC Program, account #710-003911, and give them the following information:

1. Program name
2 Serial number(s) of the voucher(s) that were lost or stolen
3. Issue dates ("NOT GOOD BEFORE" dates) on the vouchers
4. The name(s) on the vouchers.

REPLACING LOST, STOLEN OR DAMAGED VOUCHERS

FOLLOW STANDARD PROCEDURES FOR REPLACING LOST, STOLEN OR DAMAGED VOUCHERS.

REPLACING LOST OR STOLEN VOUCHERS

1. Ask participant to complete a stop payment form. Explain that we will track vouchers to see if they were used. Send copy of form to state WIC office.

2. You may also require participants to do any or all of the following before you can replace vouchers:

   - call the program before coming to report lost/stolen vouchers
   - speak directly with the program director
   - make a report to the police (for stolen vouchers)

3. Replace up to two months' worth of vouchers for each participant. Use cans of formula if possible instead of new vouchers. Prorate replacement vouchers from the date the participant reported them stolen. You may replace vouchers a second time, at your own discretion.

FOLLOW UP

If vouchers were cashed with matching signatures, the state agency will return them to you so that you can follow up with the participant. You may then withhold a corresponding number of vouchers in the following months.

See the following sections of the Procedure Manual for more information about participant misuse of vouchers:

- PARTICIPANT VIOLATIONS OF THE WIC PROGRAM
- IMPOSING PENALTIES

DAMAGED VOUCHERS

Replace damaged vouchers with MVs, prorating the package according to the number of weeks before the participant picks up the next set of vouchers.

MAINTAINING THE PARTICIPANT MASTERFILE

THE PARTICIPANT MASTERFILE IS A COMPUTER FILE CONTAINING INFORMATION ABOUT EACH PARTICIPANT WHO IS CURRENTLY ACTIVE (RECEIVING REGULAR, COMPUTER-GENERATED VOUCHERS) OR INACTIVE (TERMINATED WITHIN THE LAST FOUR MONTHS).

THE INFORMATION IN THE PARTICIPANT MASTERFILE IS USED TO GENERATE VOUCHERS AND TO PRODUCE REPORTS CONTAINING INFORMATION AND STATISTICS ABOUT PARTICIPANTS.

KEEP THE PARTICIPANT MASTERFILE AS CURRENT AS POSSIBLE TO ENSURE PRODUCTION OF CORRECT VOUCHERS AND REPORTS AND TO PROVIDE ACCURATE STATISTICS ON PARTICIPTION WHICH ARE USED BY THE STATE WIC OFFICE TO REQUEST OR SUPPORT FUNDING LEVELS.

KEEP THE PARTICIPANT MASTERFILE ACCURATE AND CURRENT BY:

1. SUBMITTING CORRECT PARTICIPANT INPUT FREQUENTLY, AND

2. USING THE WEEKLY AND MONTHLY PARTICIPANT MANAGEMENT REPORTS TO VERIFY ACCEPTANCE AND ACCURACY OF INPUT.

PARTICIPANT INPUT CYCLE: WEEKLY

PARTICIPANT DATA IS RECORDED ON A PARTICIPANT DATA FORM AND ENTERED ONTO THE PARTICIPANT INPUT SCREEN. THE DATA IS THEN SENT ON A DISKETTE TO THE STATE AGENCY, AND SUBMITTED TO THE PARTICIPANT MASTERFILE ON THE MAINFRAME COMPUTER.

Use the Participant Data Form to record participant information during the certification interview. Then use the Participant Input Screen to record participant data and create the diskettes which send your input to the masterfile through the state agency. The Participant Input Screen is your link to the participant masterfile.

PARTICIPANT INPUT CYCLE

The weekly participant input cycle consists of the following phases:

1. Completing the participant data form
2. Using input screen to enter data
3. Creating and logging diskettes
4. Mailing diskettes to the state office
5. Storing data forms and backup diskettes
6. Using weekly reports to correct input errors
7. Discarding data forms and erasing backup diskettes

See the following sections of this Voucher System Manual for detailed instructions on each of these procedures.

COMPLETING THE PARTICIPANT DATA FORM

USE THE PARTICIPANT DATA FORM TO RECORD INFORMATION ABOUT NEW PARTICIPANTS, OR TO UPDATE INFORMATION ON CURRENT PARTICIPANTS.

The participant data form is your written record of information you have sent to the participant masterfile. Vouchers and reports produced from the masterfile reflect exactly the information you have submitted.

See the "Codes for Participant Data Form" card for allowable codes for all participant data.

Incorrect participant data forms will result in incorrect information being entered on the participant input screen, so check your work for accuracy.

INSTRUCTIONS FOR PARTICIPANT DATA FORMS

1. Print neatly with ballpoint pen in BLUE INK. This makes the input form easier to read for the person keying the information, and helps reduce errors.

2. Fill in the information on the input form starting at the left-most position.

3. Complete all "critical fields" (areas outlined in heavy black), or the computer will not accept the record. Critical fields differ for new adds (Type 1's) and changes (Type 2's).

   Fields that are only critical for certain types of participants (such as "Expected delivery date" for pregnant women) are indicated by a broken underline.

4. Use only six-digit numbers to enter dates: MM/DD/YY. For example, write May 5, 1990 as 05/05/90, not 5/5/90. (The exception to this is the "Contact Due" date; this is entered with month and year only.)

5. Make sure that the participant's priority and food package correspond to her/his status. Example:

6. Enter "dummy" information to delete an item from a record. For example, if the participant's phone has been disconnected, enter a "dummy" number of 999-999-9999.

6. Double-check your work to make sure it is accurate and readable.

COMPLETING A PARTICIPANT DATA FORM FOR A NEW PARTICIPANT
(Transaction Type 1)

Fields marked with an * are critical fields.

LINE ONE

*	Trans Type	Enter "1" for a new add.
*	Site	Enter the two-digit number for your site within the local program.
*	ID #	Enter a seven-digit number for the participant. Make sure that this number does not duplicate another number on your Participant Masterfile. The computer will not accept the same ID number twice within the same cycle. See the section on ASSIGNING PARTICIPANT ID NUMBERS in the Procedure Manual for more information.

** MAKE SURE ALL FIELDS IN LINE ONE ARE COMPLETED **

LINE TWO

*	Name	Enter the participant's name, last name first. Include a middle initial if applicable.
*	Cycle	Enter "1" for voucher pickup in odd-numbered months and "2" for voucher pickup in even-numbered months.
*	Pickup Day	Enter the two-digit number for the day of the month on which the participant will come in to pick up vouchers. Valid pick-up dates are the 1st (01) through the 27th (27) of the month only.
*	Health Ins	Enter the one-digit code that identifies the type of health insurance coverage or referral made by you. The codes are on the form in the residency and income verification section.

** MAKE SURE ALL FIELDS IN LINE TWO ARE COMPLETED **

LINE THREE

Parent/Guardian — Enter the last and first name of any person designated to pick up vouchers for the participant.

Group # — Use this field to identify WIC participants who are members of the same family so that the computer can print their vouchers together and group their names together on the Voucher Register. The group number code must be the ID number of an active participant. Therefore, use as the "lead number" the ID number of the family member you expect to be a participant for the longest period of time.

Group numbers have to be maintained; if the person with the lead number becomes inactive, the group falls apart. If this happens, reassign the group number using the participant ID number of a household member still participating in WIC.

LINE FOUR

* Address — Enter the participant's street address. If it is too long, abbreviate. Please check your spelling and/or abbreviations; the computer will not detect or correct spelling errors.

Address or Proxy — Enter additional information about a participant's address such as RFD number, locality or neighborhood, or record the name of a proxy. If the address or proxy name is too long, abbreviate. Please check your spelling and/or abbreviations; the computer will not detect or correct spelling errors.

** MAKE SURE CRITICAL FIELD FOR LINE FOUR IS COMPLETED **

LINE FIVE

* City/Town — Write the name of the participant's city or town, using only the 351 cities and towns and 13 Boston neighborhoods recognized by the Department of Public Health. See the "Codes for Participant Data Form" card for allowable codes.

* Zip — Enter the five-digit zip code for the participant's address.

Phone — Enter the participant's area code, exchange and number. If the area code is not a Massachusetts code or the field is incomplete, the record will not be accepted by the computer.

** MAKE SURE CRITICAL FIELDS FOR LINE FIVE ARE COMPLETED **

LINE SIX

* Birth Date — Enter the participant's date of birth, using six digits.

* Sex — Enter M for male or F for female.

* Race — Enter a letter code designating the participant's ethnic background. See the "Codes for Participant Data Form" card for allowable codes.

** MAKE SURE THAT ALL FIELDS IN LINE SIX ARE COMPLETED **

LINE SEVEN

* Cert Date — Enter the date the participant was first certified, using six digits.

Assess Date — Enter the date a WIC infant first received formula vouchers (if bottlefed) or the day s/he is assessed (if fully breastfed), using six digits. Optional field for statuses 4, 6, and 7.

Term Code — Enter a one-digit code indicating the reason for termination. See the "Codes for Participant Data Form" card for allowable codes.

Term Date — Enter the date on which the participant was terminated from the program, using six digits.

** MAKE SURE CRITICAL FIELD IN LINE SEVEN IS COMPLETED **

LINE EIGHT

* Status — Enter the code for the participant status. See the "Codes for Participant Data Form" card for allowable codes.

* Food Pkg — Write the participant's food package number (three digits). Must be accompanied by an appropriate status.

* Priority — Write the participant's priority code (three digits). Must be accompanied by an appropriate status.

* Recert Date — Enter the date of the participant's most recent certification, using six digits. Critical field for participants who have been recertified.

Contact Due — Enter the month and year (e.g., 08/91) when you want to schedule the participant for a follow-up appointment.

** MAKE SURE CRITICAL FIELDS IN LINE EIGHT ARE COMPLETED **

LINE NINE

* Exp Del Date or Del Date — For status 1 participants, enter the expected delivery date. For status 2 or 3 participants, enter the actual delivery date. Critical field for statuses 1, 2 and 3.

Teen Risk — Enter "1" if the participant was 19 or younger at conception of this pregnancy. Enter "2" if she was not. Optional field for statuses 1, 2, and 3.

Optional Use — Use this field to record other information not accounted for in the standard fields. The computer will tally items recorded in the first 4 fields.

For example, to count Haitian participants, place an "H" in the first space for each Haitian you enroll. You will then receive a report tallying all the "H's" in space one.

** MAKE SURE CRITICAL FIELD IN LINE NINE IS COMPLETED **

SAMPLE PARTICIPANT DATA FORMS

EXAMPLE 1: Trans Type 1, Pregnant Woman

PARTICIPANT DATA

Trans Type 1 Site 02 ID # 2634521
☐ Name DAY, PRISCILLA Cycle 2 Pickup Day 12 Health Ins 3
☐ Parent/Guardian _____ Household # _____
☐ Address 11 SUGARBUSH LANE Address or Proxy _____
☐ City/Town WEYMOUTH Zip 02188 Phone (617) 331 3210

☐ Birth Date 10/26/65 Sex F Race O
☐ Cert Date 06/13/90 Assess Date _____ Term Code __ Term Date _____
☐ Status 1 Food Pkg 175 Priority 1AX Recert Date _____ Contact Due 08/90
☐ Exp Del Date or Del Date 09/08/90 Teen Risk __ Optional Use _____

EXAMPLE 2: Trans Type 1, Breastfeeding Woman

PARTICIPANT DATA

Trans Type 1 Site 03 ID # 3158241

☐ Name CRUZ, LAURA Cycle 2 Pickup Day 15 Health Ins 3

☐ Parent/Guardian _____ Household # _____

☐ Address 83 HILL AVE Address or Proxy _____

☐ City/Town WALTHAM Zip 02154 Phone (___) _____

☐ Birth Date 07/12/68 Sex F Race F

☐ Cert Date 06/13/90 Assess Date _____ Term Code __ Term Date _____

☐ Status 3 Food Pkg 103 Priority 1BX Recert Date _____ Contact Due 08/90

☐ Exp Del Date or Del Date 05/26/90 Teen Risk __ Optional Use _____

EXAMPLE 3: Trans Type 1, Child

PARTICIPANT DATA

Trans Type 1 Site 01 ID # 1003202

☐ Name MCDONALD, JAMES Cycle 1 Pickup Day 08 Health Ins 2

☐ Parent/Guardian MCDONALD, JANE Household # _____

☐ Address 232 ANDREWS ST Address or Proxy _____

☐ City/Town WORCESTER Zip 01603 Phone (617) 267 1001

☐ Birth Date 11/25/84 Sex M Race 5

☐ Cert Date 06/13/90 Assess Date _____ Term Code __ Term Date _____

☐ Status 8 Food Pkg 322 Priority 5AX Recert Date _____ Contact Due _____

☐ Exp Del Date or Del Date _____ Teen Risk __ Optional Use _____

CHANGING INFORMATION ON A RECORD IN THE PARTICIPANT MASTERFILE
(Transaction Type 2)

For all Trans Type 2's, MAKE SURE THAT:

1. You enter "2" in the space for "Trans Type".

2. You write the program code, site code, and participant ID number exactly as they appear on the existing record you are changing. The computer will not accept any changes on a participant record unless this information is correct.

   NOTE: If you are copying the participant ID number from a computer report, use only the first seven digits.

3. You make a check mark or an "X" in the box to the left of each line you are changing. This will help the person enter the data to notice all the changes.

4. You have filled in all data on the participant data form correctly. You may change as much or as little information on as many lines as you need to on a single participant data rorm. Except for the first line, you don't need to fill in the critical fields on a Trans. Type 2.

5. You complete the Status, Food Package, Priority and Health Insurance fields for each participant you recertify.

6. You include both a termination code and a date when you terminate a participant record.

7. You enter the following information for each pregnant woman you change from pregnant to postpartum or nursing status: status code, delivery date, new priority, and food package code. Otherwise the computer will reject the update and retain the woman's status as pregnant.

   Because of the way the computer is programmed, you must make an entry in the recertification box in order to change the woman's priority. Enter the woman's delivery date in this space. This will keep a status 3 woman's recert date the same as her infant's.

To make it easier to identify and correct Type 2 inputs which get rejected by the computer, write the participant's name in the blank space next to the participant ID number. See the error flag "No Match Trans Type Change" in the WIC PARTICIPANT UPDATE LISTING section of this Voucher System Manual.

Use the half-page forms to make mid-cert changes such as status, food package, address or phone number.

EXAMPLE 4: Trans Type 2 - Recert date, status, food package and priority

PARTICIPANT DATA A. KARA

Trans Type 2 Site 02 ID # 2371640

☐ Name _____ Cycle __ Pickup Day __ Health Ins Z

☐ Parent/ Guardian _____ Household # _____

☐ Address _____ Address or Proxy _____

☐ City/Town _____ Zip _____ Phone (___) _____

☐ Birth Date _____ Sex __ Race __

☐ Cert Date _____ Assess Date _____ Term Code __ Term Date _____

☑ Status 8 Food Pkg 320 Priority 3CX Recert Date 06/13/90 Contact Due _____

☐ Exp Del Date or Del Date _____ Teen Risk __ Optional Use _____

EXAMPLE 5: Trans Type 2 - Woman's status and food package

PARTICIPANT DATA P. BROWN

Trans Type 2 Site 01 ID # 1236142

☐ Name _____ Cycle __ Pickup Day __ Health Ins __

☐ Parent/ Guardian _____ Household # _____

☐ Address _____ Address or Proxy _____

☐ City/Town _____ Zip _____ Phone (___) _____

☐ Birth Date _____ Sex __ Race __

☐ Cert Date _____ Assess Date _____ Term Code __ Term Date _____

☑ Status 3 Food Pkg 103 Priority 1AX Recert Date 06/13/90 Contact Due _____

☐ Exp Del Date or Del Date _____ Teen Risk __ Optional Use _____

EXAMPLE 6: Trans Type 2 - Termination

PARTICIPANT DATA

B. GREEN

Trans Type 2 Site 02 ID # 2611248

☐ Name _____ Cycle __ Pickup Day __ Health Ins __

☐ Parent/ Guardian _____ Household # _____

☐ Address _____ Address or Proxy _____

☐ City/Town _____ Zip _____ Phone (___) _____

☐ Birth Date _____ Sex __ Race __

☑ Cert Date _____ Assess Date _____ Term Code 7 Term Date 06/13/90

☐ Status __ Food Pkg ____ Priority ____ Recert Date _____ Contact Due _____

☐ Exp Del Date or Del Date _____ Teen Risk __ Optional Use _____

LOCAL PROGRAM AND SITE CODES

EACH PARTICIPANT INPUT MUST CONTAIN THE CORRECT CODES DESIGNATING THE LOCAL PROGRAM AND SITE FROM WHICH THE VOUCHERS WERE ISSUED.

All current Massachusetts WIC programs, with their program and site codes, are listed below.

If the codes listed below are not correct or if you are using a site code that is not listed, notify the state office immediately.

PROGRAM NAME	PROGRAM CODE	SITE CODES	
UPHAM'S CORNER WIC	002	site 01	Upham's Corner Health Center
		site 02	Little House Health Center
		site 03	Bowdoin Street Health Center
		site 07	Codman Square Health Center
		site 09	Dorchester House
DORCHESTER/ROXBURY WIC	004	site 01	Harvard Street Health Center
		site 02	Roxbury Comprehensive Community Health Center
SOUTH END WIC	005	site 01	South End Community Health Center
		site 02	South Cove Health Center
		site 03	Dimock Street Health Center
CHARLESTOWN/CHELSEA WIC	007	site 01	Bunker Hill Health Center
		site 02	Chelsea Memorial Health Center
		site 03	Revere
EAST BOSTON WIC	008	site 01	East Boston Neighborhood Health Center
JAMAICA PLAIN WIC	009	site 01	Brookside Park Family Life Center
		site 02	Southern Jamaica Plain Health Center
		site 03	Martha Eliot Health Center

PROGRAM NAME	PROGRAM CODE	SITE CODES
ROXBURY WIC	010	site 01 Whittier Street Health Center site 02 Parker Hill/Fenway site 04 Roxbury APAC site 05 Boston City Hospital
ALLSTON/BRIGHTON WIC	012	site 03 St. Elizabeth's Hospital site 04 Watertown Health Center site 06 Newton site 07 Needham
QUINCY WIC	013	site 01 Quincy City Hospital site 04 Hull Medical Center site 05 Dedham site 06 Weymouth Youth Office site 07 Norwood site 08 Germantown
SOUTH BOSTON WIC	016	site 01 McCormack Health Center site 02 South Boston Health Center site 03 Multi-Service Center
SOUTH DORCHESTER/ ROSLINDALE WIC	017	site 01 Neponset Health Center site 02 Mattapan Health Center site 03 Roslindale Health Center
SPRINGFIELD WIC	019	site 01 Mulberry Street, Springfield site 02 Brightwood site 04 7 Orleans Street, Springfield site 06 S.A.F.E.
FRAMINGHAM WIC	041	site 02 Framingham: Main Office site 03 Marlboro Hospital and Marlboro Resource Center site 04 Leonard Morse Hospital site 05 Maynard Elks Club
ATHOL WIC	043	site 01 Human Resource Center site 02 Gardner CAC and Gardner VNA site 03 Winchendon
HAMPSHIRE COUNTY WIC	044	site 01 Northampton site 02 Huntington site 03 Amherst site 04 Easthampton site 06 South Hadley

PROGRAM NAME	PROGRAM CODE	SITE CODES	
PLYMOUTH WIC	045	site 01	Plymouth
		site 02	Wareham
		site 03	Middleboro
		site 04	Marshfield
HOLYOKE/CHICOPEE WIC	050	site 01	Chicopee
		site 03	Holyoke
		site 05	Ludlow
		site 06	Westfield
		site 07	West Springfield
SOUTH BERKSHIRE WIC	052	site 01	Great Barrington
LOWELL WIC	053	site 01	Community Teamworks
		site 02	Billerica
LAWRENCE WIC	054	site 01	Greater Lawrence Community Action Council
		site 02	Methuen
NORTH SHORE WIC	055	site 01	Lynn Health Center
		site 02	Point Neighborhood Community Services Center
		site 03	Peabody
		site 04	Beverly
		site 05	Gloucester
		site 06	Ipswich
		site 07	Danvers
SOMERVILLE/MEDFORD WIC	056	site 01	Mystic Health Center
		site 03	Wilmington Regional Health Center
		site 04	Somerville Hospital
		site 05	Union Square
		site 06	East Somerville
		site 07	Lawrence Memorial Hospital
		site 09	Choate Hospital
CAMBRIDGE WIC	057	site 03	Windsor Street Clinic
		site 07	Fitzgerald Clinic
		site 08	Waltham Hospital
		site 09	East Cambridge
FALL RIVER WIC	058	site 01	Fall River

PROGRAM NAME	PROGRAM CODE	SITE CODES
BERKSHIRE WIC	059	site 01 85 Main Street, North Adams site 02 Adams Community Center site 04 Williamstown site 06 Dalton Community Center site 07 North Street, Pittsfield site 08 Lee Community Action site 09 Women's Service Center
NEW BEDFORD WIC	060	site 01 95 Cedar Street, New Bedford site 03 Greater New Bedford Community Health Center site 04 North End Community Center
HAVERHILL WIC	061	site 01 Newburyport C.A.I. site 02 Amesbury C.A.I. site 03 Haverhill C.A.I.
WORCESTER WIC	062	site 01 Great Brook Valley Health Center site 02 Family Health & Social Service Center site 03 School Age Mothers Program site 04 Grafton site 05 Plumley Village
FRANKLIN COUNTY WIC	063	site 01 VNHS, Greenfield site 03 Mohawk Valley Medical Center site 08 Orange/Amory
NORTH CENTRAL WIC	064	site 01 Leominster site 02 Ayer site 04 Clinton site 05 Fitchburg
BROCKTON WIC	065	site 01 Brockton site 03 Rockland
SOUTH CENTRAL WIC	066	site 01 Southbridge site 02 Ware site 11 Webster site 13 Milford
TAUNTON WIC	067	site 01 Taunton site 04 Attleboro

PROGRAM NAME	PROGRAM CODE	SITE CODES
MALDEN/REVERE WIC	070	site 01 Malden Hospital site 02 Revere site 03 Wakefield
CAPE COD WIC	071	site 01 Hyannis site 02 Martha's Vineyard site 03 Falmouth site 04 Mashpee and Mashpee Tribal Council site 05 Provincetown site 06 Nantucket site 07 Otis

DPH TOWNS

USE ONLY THE CITY, TOWN AND NEIGHBORHOOD NAMES LISTED ON THE BACK OF THE "CODES FOR PARTICIPANT DATA FORM" CARD.

USE THE LOCALITIES LISTING TO FIND THE DPH CITY OR TOWN TO WHICH LOCALITIES BELONG.

SPELL CITY, TOWN, AND NEIGHBORHOOD NAMES EXACTLY AS THEY APPEAR ON THE BACK OF THE CODES CARD. INPUT WITH TOWN NAMES MISSPELLED WILL BE REJECTED BY THE COMPUTER.

DPH town codes provide the data by which the state WIC office determines where participants live so that caseload, funds and staff can be allocated equitably. The computer assigns DPH town codes based on the town names you provide.

USING THE CORRECT TOWN NAME

The list on the back of the Codes Card shows the 351 cities and towns and 13 Boston neighborhoods that the computer will accept. When filling out the participant's address on the Participant Data Form:

** Use only these city, town and neighborhood names.

** Spell the city or town name exactly as it appears on the list.

** Do not use locality names. Any town not listed in the "Alpha Listing of DPH Towns" is considered a locality. Look in the "Massachusetts Localities" booklet provided by the state office to find the DPH city or town to which the locality belongs, and write that name on the Participant Data Form. If you wish to have the locality name appear on the participant record, write it on the "Address or Proxy" line.

** Use the participant's neighborhood name if s/he lives in Boston. Use only the following neighborhood names for Boston participants:

NAME	INCLUDES
ALLSTON	
BOSTON	Back Bay, Beacon Hill, Kenmore Square, North End, South Cove, South End, West End
BRIGHTON	
CHARLESTOWN	
DORCHESTER	Codman Square, Fields Corner, Grove Hall, Neponset, Savin Hill, Uphams Corner, etc.
E BOSTON	
HYDE PARK	
JAMAICA PLAIN	
MATTAPAN	
ROSLINDALE	
ROXBURY	
S BOSTON	
W ROXBURY	

If you wish to have a more specific neighborhood (e.g., Savin Hill, South Cove) appear on the participant record, write it on the "Address or Proxy" line of the Participant Input Form.

Make a reference list for all the cities, towns and localities you use, listing the correct spelling for each town and the correct town for each locality. Post this list wherever you prepare input forms. Example:

TOWN REFERENCE LIST

BARNSTABLE	NORTH TRURO ..... part of TRURO
BASS RIVER ..... part of YARMOUTH	OAK BLUFFS
BOURNE	OTIS AIR FORCE BASE .. part of BOURNE
DENNIS	TEATICKET ..... part of FALMOUTH
EAST DENNIS ..... part of DENNIS	W TISBURY

USING INPUT SCREEN TO ENTER DATA

USE THE PARTICIPANT INPUT SCREEN TO RECORD PARTICIPANT DATA ONTO THE COMPUTER. THE INPUT SCREEN IS YOUR LINK TO THE PARTICIPANT MASTERFILE.

COMPLETE ONE INPUT SCREEN FOR EACH PARTICIPANT.

Use the participant input screen to record each day's information from the participant data form onto your computer. When the computer accepts the participant record, it stores the information on its hard disk in a format that the state agency's mainframe computer can understand. Twice a week, when you create diskettes for the state office to use to update the mainframe computer, the computer will write the data onto two diskettes (one for the state agency and one for your records) and erase the data from the hard disk.

The participant input screen checks certain data as you enter it. It does this according to how the mainframe checks the input data. For example, if you enter a food package that does not match the participant's status, the computer will beep and display an error message at the bottom of the screen. The cursor (the small moving line which shows you where you are on the screen) will remain in the field until you enter the correct data. You cannot complete the participant record until the information is correct.

Some information, such as names and addresses, can be entered even if it is incorrect. In these cases, submit a new participant record to correct the error.

NOTE: You can now mix sites and transaction types when doing your input.

DUPLICATE PARTICIPANT DATA

Do not submit participant data for one participant ID number more than once on a diskette (for the same input cycle). This will result in mixed and rejected records. See the WIC EDIT LISTING section for more information on duplicate records.

If you know you have entered a record incorrectly, fill out a Trans Type 2 participant data form with the corrected information and set it aside for the next input cycle. Make sure this information is not sent on a new diskette for at least 3 days so that the state office can complete the input cycle with the incorrect participant record before receiving the corrected data.

INFORMATION REJECTED BY THE MAINFRAME COMPUTER

It is still possible to have rejects, which will occur when the participant ID number is not valid.

- For Trans. Type 1's, this means the ID number already exists on the mainframe and cannot be duplicated.

- For trans Type 2's, this means the ID number does not exist on the mainframe and cannot be updated.

ENTERING PARTICIPANT DATA

There are 5 steps to follow for entering participant data:

1. Choose the participant input screen from the main menu by typing "2" and pressing the "Enter" key.

2. Type your program code and today's date in the two fields listed.

3. Use the "up" or "down" arrow key to highlight "PARTICIPANT DATA" and press the "Enter" key.

4. Enter the participant data.

5. Press the "Esc" (escape) key to exit the participant input screen and return to the main menu.

At any time that you are working with the participant input screen, you may press the "Esc" key in the upper left corner of the keyboard to have an option ; menu appear on the bottom of your screen. The options are:

- Continue with this entry
- Start a new entry
- Exit to main menu.

Use the left and right arrow keys to highlight your choice and press the "Enter" key to choose it.

CREATING AND LOGGING DISKETTES

USE DISKETTES TO MAIL YOUR INPUT TO THE STATE AGENCY. CREATE ONE DISKETTE FOR EACH INPUT CYCLE (TWO DISKETTES PER WEEK) FOR EACH COMPUTER.

FOR EACH DISKETTE YOU CREATE, COMPLETE A DISKETTE INPUT LOG TO SEND TO THE STATE AGENCY ALONG WITH THE DISKETTE, AND KEEP A COPY OF THE LOG INFORMATION ON FILE IN YOUR PROGRAM.

FORMAT DISKETTES

Make sure your diskettes are formatted before you start the create diskette procedure. See the WIC LOCAL PROGRAM COMPUTER MANUAL for complete instructions on how to format diskettes.

CREATE DISKETTES

The "Create Diskette" program copies the participant data onto two diskettes: first in Drive A:, then in Drive B:. When the program finishes making the second copy, it then deletes the information from the computer's hard disk, Drive C:.

Before you start to create a diskette, make sure that you have the following supplies ready:

- 2 formatted diskettes
- 1 felt tip pen (not a ballpoint)
- 1 diskette input log

STEP 1: Press the "Up" or "Down" arrow key until "CREATE DISKETTE" is highlighted and press "Enter" to begin (or press "C").

The screen will tell you the number of records in your Participant Data file, and describe the copy program.

STEP 2: Copy the number of records in your WIC Participant Data file onto the Diskette Input Log in the appropriate space under "# records sent:".

STEP 3: Type "Y" to answer the question at the bottom of the computer screen. The screen will tell you to place a formatted disk in Drive A.

Insert the first diskette and press any key (such as ENTER) to begin the copying process.

STEP 4: When the computer is finished copying the records to the first diskette, the screen will tell you to place a formatted disk in Drive B.

Insert the second diskette and press any key (such as ENTER) to begin the copying process.

STEP 5: When the computer is finished copying, the screen will tell you the name of the file you just created and give you instructions for storing and mailing the diskettes.

Write the name of the batch file on the diskette input log in the appropriate space under "Batch file name".

Your diskette input log should now look like this:

DISKETTE INPUT LOG

Program Name Oakland WIC

Mailed from Site # 02

Date Mailed 9/9/89

	# records sent:	Batch file name:
Participant input (1's + 2's)	53	1990989.WIC
Vendor input (1's + 2's)		

The first number of the batch file name is the file number. The second and third digits are your program code and the fourth through seventh digits are the month and day (MMDD) that the diskette was created. The ".WIC" at the end identifies it as a WIC participant data file. A WIC vendor data file would be identified by a ".VND" ending.

STEP 6: Remove the disks and write the batch file name on the label of the backup diskette.

STEP 7: Write protect both disk(s). This will protect the diskette so that you cannot add any more information onto it, although the computer will still be able to read it. To write protect a diskette, follow these instructions:

- 5.25 inch diskette: Find the sheet of short, self-adhesive black tabs (or labels) that came with the diskettes. Next, find the notch in the diskette and place a tab over one side of the notch so that the tab sticks out over the edge of the diskette. Then wrap the tab around the diskette until it covers the other side of the notch. The diskette is now write protected. You cannot put any more information on it until you remove the black tab from the notch.

- 3.5 inch diskette: Find the small black square on the back of diskette. Move the square in the grove until the hole that it covered is exposed. The diskette is now write protected. You cannot put any more information on it until you move the square back over the hole it covers.

STEP 8: Place the small 3.5" diskette and the diskette input log into a blue diskette mailer and put the blue mailer in a prepaid mailer envelope.

DISKETTE TYPES

Make sure your diskettes are the following types:

COMPUTER	DRIVE	DISK SIZE	DISK TYPE
Wyse PC 286 (monochrome)	A:	5.25"	DS, HD, SS
	B:	3.5"	DS, DD
Memorex Telex (color)	A:	3.5"	DS, HD
	B:	5.25"	DS, HD, SS
Toshiba portable *	A:	3.5"	DS, HD

* has only one disk drive

DS = Double Sided, HD = High Density, SS = Soft Sector

MAILING DISKETTES TO THE STATE OFFICE

SEND YOUR INPUT DISKETTES TO THE STATE OFFICE TWICE A WEEK, USING PREPRINTED BUSINESS REPLY ENVELOPES.

It can take up to 10 days for your diskettes to be processed by the WIC computer system. There are two deadlines to meet in order for you to get up-to-date reports and vouchers.

WEEKLY

Reports reflecting participant input are produced twice a week and are normally mailed to local programs on Tuesdays and Fridays.

* Input on diskettes received on Friday afternoon, Monday, Tuesday, or Wednesday morning will appear on management reports mailed on Friday of the same week.

* Input on diskettes received on Wednesday afternoon, Thursday, or Friday morning will appear on management reports mailed the following Tuesday.

MONTHLY

Vouchers and management reports are produced monthly and delivered to local programs on a scheduled day around the 24th of the month.

* Accurate and complete input received by noon of input cutoff day (around the 18th of the month) will appear on reports and vouchers delivered around the 24th of the month.

The state office keeps diskettes for two weeks from when they are uploaded (information is sent to the mainframe). Then the diskettes are erased and sent back to you to be reused.

STORING DATA FORMS AND BACKUP DISKETTES

WHEN YOU FINISH INPUTTING YOUR PARTICIPANT DATA AND HAVE CREATED A DISKETTE, BATCH THE DATA FORMS BY INPUT CYCLE, TRANS TYPE, AND SITE NUMBER TO SPEED UP YOUR VERIFICATION OF THE WEEKLY MANAGEMENT REPORTS.

STORE DISKETTES IN A COOL, DRY PLACE, AWAY FROM HEAT, COLD, WATER, SUNLIGHT, DUST OR MAGNETS.

KEEP YOUR BACKUP DISKETTE UNTIL THE SMALL 3.5 INCH DISKETTE IS RETURNED FROM THE STATE OFFICE.

STORING BACKUP DISKETTES

1. Format and use 10 pairs of diskettes for each computer you use. A pair of diskettes are made up of the two types of diskettes you use for your computer:

Wyse PC 286 (monochrome)	1 - 5.25" DS, HD, SS 1 - 3.5" DS, DD
Memorex Telex (color)	1 - 3.5" DS, HD 1 - 5.25" DS, HD, SS
Toshiba portable	2 - 3.5" DS, HD

2. Label the diskettes from 1 to 10 in pairs so that you have one 5.25" and one 3.5" disk labeled set 1, another pair labeled set 2, etc. Portable computers will have 20 3.5" disks labeled in pairs: set 1, set 2, etc.

3. Create a system to identify which disks were created on which machine by identifying each machine with a number (1, 2, 3, 4, etc.) or name (Ann's, Maria's, etc.) or color code (red, blue, etc.)

4. Label all diskettes with the program name, program code, set number and machine name, as follows:

OAKLAND WIC
099
Set 1
Green PC

Week 1

Batch the data forms by transaction type and site code to make it easier for you to verify input later. For example, if you have Type 1 and Type 2 input for each of 2 sites, you will have 4 batches of forms.

Mail the small 3.5" disk from Set 1 to the state office and file the backup disk from Set 1 either with the batched data forms in a manilla envelope or in your diskette holder.

- If you store the backup disk in your diskette holder, put it in a separate section of the holder labeled "DISKETTES AT STATE OFFICE".

- If you store the disk with the data forms, write the PC name and diskette number on the envelope, and make sure it is stored in a cool, dry place where the diskette will not be affected by heat, cold, water, sunlight, dust or magnets.

Week 3

The small 3.5" disk from Set 1 will be returned to you, erased, after you have received your edits and updates. Retrieve your backup diskette from Set 1, erase it, and put both disks back with your other blank pairs of diskettes, Set 1 following Set 10, so that they can be reused.

NOTE: By the time you receive Set 1 back from the state office, you should have four to six other diskettes enroute to or from the state office.

USING WEEKLY REPORTS TO CORRECT INPUT ERRORS

MANAGEMENT REPORTS ARE PRODUCED BY THE WIC MAINFRAME COMPUTER USING THE INFORMATION YOU SUBMIT ON DISKETTES.

CHECK YOUR PARTICIPANT DATA FORMS AGAINST THESE REPORTS. IF PARTICIPANT DATA IS INCORRECT, SUBMIT THE CORRECTED DATA RIGHT AWAY.

Keep your Participant Masterfile up-to-date for several reasons:

1. It controls monthly production of computer-generated vouchers. When it is kept accurate and current, you reduce the number of manual vouchers needed.

2. It serves as an easily accessible source of participant information for your staff.

3. It generates statistics on participation which the state WIC office uses to request and/or support funding levels.

Check edit and update reports promptly to make sure your input was received and processed correctly. The sooner you detect errors, the sooner corrections can be made and the more support the state office can provide.

Use the following procedure to ensure that all participant input which wasn't accepted onto the Participant Masterfile is found and corrected:

1. Retain participant data forms in batches corresponding to the participant records on a diskette as mailed, until appropriate weekly reports arrive.

2. Compare your participant data forms with the Participant Update Listing to determine which inputs were accepted and to make sure accepted information is correct.

3. Compare the remaining participant data forms with the Edit and Reject Listings. Make corrections and resubmit data.

Participant data forms which do not match the Update, Edit or Reject Listings probably have a missing or incorrect program code.

MANAGEMENT REPORTS

Twice a week, the WIC computer produces these management reports:

1. WIC Participant Update Listing
2. WIC Edit Listing
3. WIC Participant Rejects Listing

NOTE: Although these reports are produced twice a week, for simplicity's sake they will be referred to in this Manual as "weekly" reports.

See the following sections for complete instructions on using these reports.

WIC PARTICIPANT UPDATE LISTING

THE WIC PARTICIPANT UPDATE LISTING LISTS EVERY PARTICIPANT RECORD WHICH HAS BEEN ACCEPTED AND POSTED TO THE WIC PARTICIPANT MASTERFILE AS EITHER AN ADD (TRANSACTION TYPE 1) OR A CHANGE (TRANSACTION TYPE 2) DURING THE PREVIOUS INPUT CYCLE.

The Participant Update Listing contains all the information from the participant input form. It lists the participants by identification number in ascending order.

Review the Participant Update Listing as soon as you receive it to make sure that the information on your input forms was keypunched correctly. If there are errors in the participant information on the Participant Update, fix the errors by submitting a Trans. Type 2 input form with the correct information.

READING THE PARTICIPANT UPDATE LISTING

First column

First line:	Tells you whether the input was an add (ADD) or a change (CHG) or automatic computer change (WIC CHG)
Third line:	"Coded" is the way the computer refers to the batch date

Second column

First line:	Participant identification number
Third line:	Batch date

Third column

First line:	Participant last name, first name
Second line:	Participant's street address
Third line:	Participant's city or town and zip code
Fourth line:	Participant's telephone number and DPH town code
Fifth line:	Name of participant's guardian or authorized representative, last name and first name
Sixth line:	Household code number

Fourth column

First line:	Participant status
Second line:	Sex of participant and race of participant
Third line:	Birthdate of WIC participant
Fourth line:	Expected delivery date (for pregnant women)
Fifth line:	Delivery date of postpartum woman
Sixth line:	2nd contact due

Fifth column

First line:	Participant status
Second line:	Day assigned for voucher pickup
Third line:	Food package assigned to participant
Fourth line:	Optional program use codes
Fifth line:	Healthy Start status for pregnant women
Sixth line:	Teen risk for statuses 1, 2, and 3

Sixth column

First line:	Assessment date for WIC infant
Second line:	Certification date
Third line:	Current priority of participant
Fourth line:	Eligibility review date (date on which repeat certification should be scheduled)
Fifth line:	Date of most recent certification
Sixth line:	Date of termination
Seventh line:	Code for reason of termination

NOTE: If participant input is accepted and appears on the Participant Update Listing one month and does not appear on the next month's Participant Report, you have probably input an "old" recertification date (for example, 01/05/89 instead of 01/05/90). Or you may have input an "old" certification date and no recertification date on a Type 1 input for a transfer.

WIC

PARTICIPANT UPDATE LISTING 31

AS OF 09/02/88

LOWELL WIC

SITE 01

CHG	00503516	RO[redacted] DORDTHEA		WIC - INFANT	STATUS - BOTTLE FED	ASSESS OATE -		
		203 KENDALL RD		SEX - F RACE- WHT NOT H	VOUCHER DAY - 21	CERTIFIED - 07-28-88		
CODED	08-22-88	T[redacted]	01876		PACKAGE - 210	PRIORITY - 1AX		
		000-000-0000		BIRTHOAY - 05-27-88	DPT PROG USE-	ELIG. REVIEW - 01-28-89		
				EXP DEL DATE -		RECERTIFIED -		
		HOUSEHOLD - 00503516		OELIVERY OATE-	HEALTH START- 0	TERMINATED -		
				2NO CONTACT - 09-88	TEEN RISK - 0	REASON - 0		
CHG	00504670	GA[redacted] JEANETTE		WIC - INFANT	STATUS - BOTTLE FED	ASSESS OATE -		
		12 KEENE ST		SEX - F RACE- WHT NOT H	VOUCHER OAY - 25	CERTIFIED - 07-22-88		
COOED	08-22-88	L[redacted]	0185I		PACKAGE - 200	PRIDRITY - IAX		
		000-000-0000		BIRTHDAY - 07-22-88	OPT PROG USE-	ELIG. REVIEW - 01-22-89		
				EXP OEL OATE -		RECERTIFIED -		
		HOUSEHOLD - 00504670		OELIVERY DATE-	HEALTH START- 0	TERMINATED -		
				2ND CDNTACT - 09-88	TEEN RISK - 0	REASDN - 0		
WIC TYP	00505032	WA[redacted] MICHEAL		WIC - CHILD	STATUS - CHILO	ASSESS OATE -		
CHG		42 MARSHALL ST		SEX - M RACE- WHT NOT H	VOUCHER OAY - I7	CERTIFIED - 03-24-88		
COOED	08-I7-88	L[redacted]	0185I		PACKAGE - 322	PRIORITY - IAX		
		000-000-0000		BIRTHOAY - I0-I7-87	OPT PROG USE-	ELIG. REVIEW - 09-24-88		
				EXP OEL OATE -		RECERTIFIED -		
		HOUSEHOLD - 00505032		OELIVERY OATE-	HEALTH START- 0	TERMINATED -		
				2ND CONTACT -	TEEN RISK - 0	REASON - 0		
AOO	00505081	SM[redacted] OONNELL		WIC - INFANT	STATUS - BOTTLE FED	ASSESS OATE -		
		I9 WESTFORO ST		SEX - M RACE- HISPANIC	VOUCHER DAY - 12	CERTIFIED - 08-I8-88		
COOED	08-I7-88	L[redacted]	0185I		PACKAGE - 200	PRIORITY - 2AX		
		000-000-0000		BIRTHOAY - 07-23-88	DPT PROG USE-	ELIG. REVIEW - 02-I8-89		
				EXP OEL OATE -		RECERTIFIED -		
		HOUSEHOLO - 00505081		DELIVERY OATE-	HEALTH START- 0	TERMINATED -		
				2ND CONTACT - I0-88	TEEN RISK - 0	REASON - 0		
AOO	00505495	RO[redacted] KRYSTAL		WIC - INFANT	STATUS - BOTTLE FEO	ASSESS OATE -		
		415 PAWTUCKET ST		SEX - F RACE- WHT NOT H	VOUCHER DAY - 23	CERTIFIED - 05-I3-88		
CDOED	08-23-88	L[redacted]	01852		PACKAGE - 201	PRIORITY - 2AX		
		000-000-0000		8IRTHDAY - 05-13-88	DPT PRDG USE-	ELIG. REVIEW - II-I3-88		
				EXP DEL DATE -		RECERTIFIED -		
		HOUSEHDLO - 00505495		OELIVERY OATE-	HEALTH START- 0	TERMINATED -		
				2ND CDNTACT - 10-88	TEEN RISK - 0	REASDN - 0		
AOD	00505503	CA[redacted] KAREN		WDMAN	STATUS - POST NURSING	ASSESS OATE -		
		25 PUFFER ST		SEX - F RACE- WHT NOT H	VOUCHER DAY - 24	CERTIFIED - 08-24-88		
COOED	08-24-88	L[redacted]	01851		PACKAGE - 445	PRIDRITY - IAX		
		000-000-0000		BIRTHOAY - 04-I4-66	OPT PRDG USE-	ELIG. REVIEW - 02-24-89		
				EXP OEL OATE -		RECERTIFIED -		
		HDUSEHDLD - 00505503		OELIVERY OATE- 05-24-88	HEALTH START- 0	TERMINATED -		
				2ND CONTACT - 09-88	TEEN RISK - 2	REASDN - 0		

SITE TDTAL PRDG 053 SITE 01

WIC EDIT LISTING

THE WIC EDIT LISTING RECORDS ERRORS THAT WERE MADE ON PARTICIPANT INPUT FORMS.

The WIC Edit Listing records 3 types of errors on participant input. The following error flags appear in the far right hand column of the Edit Listing.

REJECTED The entire record was rejected by the computer due to an error in a critical field.

The record as it appears on the data form is printed with question marks under each character in a field where data is missing or unacceptable. Redo the entire record, and correct or fill in the missing data.

DUPLICATE LINE NUMBER * CARD REJECTED Two participant inputs, each with the same participant identification number and with data on the same line(s), were submitted within the same input cycle.

For example, data from lines 1, 3, and 5 of the first input and from lines 2 and 4 of the second input were accepted and appear on the Recipient Update Listing. Data from lines 2 and 4 of the first input and from lines 1, 3, and 5 of the second input were rejected and are printed on the Recipient Edit Listing.

To determine which data was accepted and which was rejected, isolate the participant ID number and line number by breaking down the unspaced 21 digits on the far left side into fields as used on the data form.

EXAMPLE: 013014027312610516872

013 | 01 | 40273126 | 1 | 051687 | 2

Program code	Site Code	ID#	Type	Batch date	Line #
013	01	40273126	1	09/16/88	2

Use the participant ID number to locate the participant data forms and the accepted record on the WIC Participant Update Listing. Use the WIC Participant Update Listing, the WIC Edit Listing and the 2 participant data forms to determine what corrections need to be made.

2 Type 1's - If identical inputs were submitted and the record on the Participant Update Listing is correct, do nothing.

If records for 2 different participants were submitted with the same participant ID#:

1. Use a Type 2 transaction to correct lines 1, 3, and 5 or lines 2 and 4 of the record that appears in the Participant Update Listing so that this record will match one of the inputs.

2. Use a Type 1 transaction and an unused participant ID # to resubmit all the information from the other input.

2 Type 2's - Use a Type 2 transaction to enter the information from either input copy which doesn't appear or is incorrect on the Participant Update Listing.

WIC PARTICIPANT REJECTS LISTING

THE WIC PARTICIPANT REJECTS LISTING LISTS ERRORS INVOLVING THE PARTICIPANT IDENTIFICATION NUMBER.

There are two types of errors flagged under REJECT DESCRIPTION in the WIC Participant Rejects Listing:

DUPLICATE TRANS TYPE ADD - The computer has rejected a Type 1 input with a participant ID which duplicates the participant ID number of a participant already recorded in the Participant Masterfile.

Redo the entire Type 1 participant input using an unused participant ID number.

NO MATCH TRANS TYPE CHG - The computer has rejected a Type 2 input with a participant ID number which doesn't exist in the Participant Masterfile.

If you wrote the participant's name on the Type 2 input, find the participant's correct ID number in the Participant Report and resubmit the Type 2 input using the correct ID number.

(see NOTE in the CHANGING INFORMATION ON A PARTICIPANT RECORD section in this Voucher System Manual.)

WIC PARTICIPANT UPDATE REJECTS LISTING

WIC PARTICIPANT UPDATE REJECTS 04/13/87

UPHAMS CORNER WIC

		PARTICIPANT IDENTIFICATION			REJECT DESCRIPTION		
002	01	02024024	CA[redacted]	ALICIA	REJECT REASON	DUPLICATE	TRANS TYPE ADD
002	01	02132033	HO[redacted]	DAT	REJECT REASON	DUPLICATE	TRANS TYPE ADD
002	01	04248043			REJECT REASON	NO MATCH	TRANS TYPE CHG
002	01	06092027			REJECT REASON	NO MATCH	TRANS TYPE CHG
002	01	08032039	PI[redacted]	SONIA	REJECT REASON	DUPLICATE	TRANS TYPE ADD
002	01	08268054			REJECT REASON	NO MATCH	TRANS TYPE CHG
002	01	08573024			REJECT REASON	NO MATCH	TRANS TYPE CHG
002	01	10102010	MO[redacted]	BELKIES	REJECT REASON	DUPLICATE	TRANS TYPE ADD
002	01	10291011	FE[redacted]	YADIRA	REJECT REASON	DUPLICATE	TRANS TYPE ADD

THIS # IS ALREADY BEING USED IN THE PARTICIPANT MASTERFILE. CHECK PARTICIPANT LISTING BY ID NUMBER.

THIS # DOESN'T EXIST IN THE MASTERFILE, SO NO CHANGE CAN BE MADE.

DISCARDING DATA FORMS AND ERASING BACKUP DISKETTES

WHEN YOU HAVE COMPARED THE PARTICIPANT DATA FORMS WITH THE WEEKLY REPORTS AND YOU KNOW THE INFORMATION ON THE DATA FORMS HAS BEEN CORRECTLY TRANSFERRED TO THE PARTICIPANT MASTERFILE, DISCARD OR RECYCLE THE DATA FORMS.

WHEN YOU DISCARD THE PARTICIPANT DATA FORMS, ALSO ERASE THE CORRESPONDING DISKETTE AND RECYCLE IT FOR FURTHER USE.

See the section on STORING DATA FORMS AND BACKUP DISKETTES in this Voucher System Manual for more information on discarding data forms and erasing backup diskettes.

PARTICIPANT INPUT CYCLE: MONTHLY

EACH MONTH, USE THE PARTICIPANT MANAGEMENT REPORTS TO IDENTIFY INPUT ERRORS AND RESOLVE PROBLEMS IDENTIFIED IN VOUCHER RECONCILIATION.

USING MONTHLY PARTICIPANT MANAGEMENT REPORTS

THE PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER AND THE WIC PARTICIPANT REPORT ARE PRODUCED AT THE SAME TIME VOUCHERS ARE CREATED AND ARE SENT TO YOU WITH THE VOUCHERS.

THE MONTHLY PARTICIPANT REPORTS REFLECT ALL PARTICIPANT INPUT RECEIVED AT THE STATE WIC OFFICE BY INPUT CUTOFF DAY, AROUND THE 18TH OF THE MONTH.

PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER

THE PARTICIPANT LISTING LISTS ALL PARTICIPANTS, BOTH ACTIVE AND INACTIVE, IN ASCENDING IDENTIFICATION NUMBER ORDER. IT ALSO LISTS EACH PARTICIPANT'S HOUSEHOLD CODE.

The Participant Listing is also called the ID Listing. It is generated by program and site.

Use your Participant Listing to look up the name assigned to a specific ID number.

PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER

PARTICIPANT LISTING

MONTH OF JUNE

NORTH CENTRAL WIC

SITE 01

IN PARTICIPANT ID NUMBER ORDER

PARTICIPANT ID NUMBER	PARTICIPANT NAME			HOUSEHOLD NUMBER
00024414	MO[redacted]	MARIANA		00024414
00025601	WO[redacted]	HARRY		00025601
00025775	BR[redacted]	JAMIE		00025775
00026336	SE[redacted]	HECTOR	L	00026336
00026484	MA[redacted]	KENNY		00026484
00026625	BA[redacted]	BILLY		00026625
00026765	MO[redacted]	JASON		00026765
00026997	JO[redacted]	EMILY		00026997
00027011	AD[redacted]	MARY		00027011
00027052	PA[redacted]	ANGELICA		00027052
00027201	AL[redacted]	GEORGIE	L	00027201
00027858	DE[redacted]	DAWN		00027858
00028001	SE[redacted]	DANIEL		00028001
00028266	BR[redacted]	SARAH	A	00028266
00028305	VI[redacted]	JUAN	A	00028305
00028605	MA[redacted]	EVELISSE		00028605
00028654	ME[redacted]	KRISTOFFER	R	00028654
00028837	JO[redacted]	JONATHAN	W	00028837
00028993	KI[redacted]	BRYAN		00028993
00029256	JA[redacted]	DIANA		00029256
00029386	JO[redacted]	MELISSA		00029386
00029488	DE[redacted]	DAVID		00029488

PARTICIPANT ID NUMBER	PARTICIPANT NAME			HOUSEHOLD NUMBER
00025551	HE[redacted]	JOHN	R	00025551
00025759	MO[redacted]	ANGEL	L	00025759
00026161	CA[redacted]	JESSICA		00026161
00026393	PO[redacted]	RICHARD		00026393
00026567	BA[redacted]	OMAIRA		00026567
00026732	AL[redacted]	GENNILLE	J	00026732
00026948	HE[redacted]	ZULEIKA		00026948
00027003	MA[redacted]	IRIS		00027003
00027037	SE[redacted]	KEVIN		00027037
00027094	ST[redacted]	ERIC		00027094
00027821	ME[redacted]	KEILA		00027821
00027896	DU[redacted]	TREMAIN		00027896
00028027	WO[redacted]	ZACHARY		00028027
00028290	SK[redacted]	MATTHEW		00028290
00028597	MA[redacted]	SHEILA		00028597
00028613	CA[redacted]	YANINA		00028613
00028795	MA[redacted]	DENISE		00028795
00028910	RO[redacted]	RUSSELL	E	00028910
00029181	RO[redacted]	CATINA		00029181
00029330	FL[redacted]	CRYSTAL	L	00029330
00029462	MA[redacted]	JOANNA		00029462
00029496	NA[redacted]	DONALIZ		00029496

WIC PARTICIPANT REPORT

THE WIC PARTICIPANT REPORT LISTS ALL THE WIC PARTICIPANTS ON THE COMPUTER MASTERFILE IN ALPHABETICAL ORDER, BY SITE.

YOU RECEIVE TWO "HARD COPIES" AND ONE FICHE COPY OF THE PARTICIPANT REPORT. KEEP THE FICHE FOR SEVEN FISCAL YEARS FROM THE END OF THE YEAR TO WHICH IT PERTAINS.

The Participant Report includes two types of data:

1. Data in the Participant Masterfile accepted from Type 1 and Type 2 participant input forms, current up to the last "input cutoff."

2. Data entered by the computer including:

   a. Eligibility review date
   b. Date and code 1 for automatic termination due to categorical ineligibility
   c. Warning flags for impending participant status changes
   d. Statistics based on the Participant Masterfile

The WIC Participant Report consists of 2 parts: participant information compiled from the Participant Masterfile, and statistical information on participation.

PARTICIPANT INFORMATION

This section contains the following information for each participant listed in the Participant Masterfile.

1. Identification number
2. Active/inactive
3. Name
4. Address
5. Telephone number
6. Authorized representative
7. Household code
8. Participant type
9. Sex
10. Race
11. Birthday
12. Expected delivery day
13. Delivery date
14. Health insurance
15. Participant status
16. Voucher pick-up day
17. Food package
18. Priority code
19. Teen risk
20. (local program use)
21. Vouchers issued
22. Initial certification date
23. Assessment date
24. 2nd contact due
25. Eligibility review date
26. Recertification date
27. Cycle code
28. Termination code
29. Termination date

Note: Occasionally, participant records never appear on or seem to disappear from the Participant Report. The following situations may cause this to occur:

1. An "old" certification date (more than 8 months old) and no recertification date is submitted on type 1 or 2 participant input. The participant records with these dates appear "accepted" on the Participant Update Listing, but do not appear in the Participant Report as the participants' certification periods appear to have expired without recertification.

2. A participant's name change has been submitted and appears in the Participant Report, but the change has not been recorded on the participant's record. If you have a name and computer-generated vouchers which you can't match to a participant record (and you suspect a name change), look up the participant identification number on a prior Participant Listing by Identification Number to find the "old" name. If you have a record and no vouchers (and you suspect a name change), look up the identification number as recorded in the record in the current Participant Listing by Identification Number to find the "new" name.

In the left-hand column, under the participant identification number, the computer prints "flags" to notify you of each participant's current status and possible impending status changes. The following flags are used:

ACTIVE — Vouchers were generated for this participant.

INACTIVE — The participant has been terminated and no vouchers were produced. This participant record will remain inactive in the participant masterfile for 4 months after date of termination.

You may "reverse termination" on an INACTIVE participant by submitting a type 2 input for the participant with an "R" in the TERMINATION CODE box. You must also include the missing information which caused the termination, for example, the recertification date and priority code or the woman's postpartum status and delivery date. A "reverse termination" may be done as long as the participant record remains INACTIVE, i.e., within 4 months after the date of termination. After 4 months of INACTIVE status, the participant record is taken off the Participant Masterfile and must be reentered with a Type 1 input.

IMPORTANT: All participants (cycle 1 and cycle 2) will be included in each month's Participant Report and flagged as ACTIVE or INACTIVE. However, only the participants who are on the particular cycle that the report is produced for (i.e., cycle 1 participants in the September report) will be flagged with the following:

RECERT NEXT CYCLE — Participants due for recertification in either the first or second month of their next cycle.

RECERT NEXT MONTH — Participant due for recertification next month as indicated by the date next to *ELIG REVIEW in the far right column. Schedule an appointment for her/him.

RECERT THIS MONTH — The participant is due for recertification in the current month and hasn't been certified since the date next to *RECERTIFIED in the far right column. S/he must be recertified before receiving this month's vouchers.

RECERT OVERDUE — The participant was due for recertification one month ago and hasn't been certified since the date next to *RECERTIFIED in the far right column.

Check to see if the participant was recertified but the recertification date was never submitted. If it was done, submit the recertification date, priority and "R" in termination code box (for reverse termination) before input cutoff day.

Participants due one month ago will become INACTIVE next month and no vouchers with be produced unless the recertification date, priority, food package and status are submitted before input cutoff day.

If recertification was not done, do nothing; this participant will not get vouchers next month but will remain inactive on the participant masterfile until exactly four months after the termination date.

LAST MONTH ELI(GIBLE) — If the participant will be categorically ineligible next month (5 year old child, non-nursing woman at 6 months postpartum, or breastfeeding woman at 1 year postpartum), give her/him a "NO LONGER ELIGIBLE LETTER".

If the participant is listed as PREGNANT, check to see if she has delivered.

- If she has delivered, submit her new status, package, priority, recertification date, and the infant's birthdate.
- If you don't know whether she delivered or not, do nothing. She will not receive vouchers next month but will remain inactive on the participant masterfile for exactly four months after her termination date (five months after her expected delivery day).

FIRST BIRTHDAY	The participant will turn one year old next month. Next month the infant's status will change to CHILD and his/her food package will change. You may want to notify the parent or guardian that next month's vouchers will not be formula. In some cases the child may need to continue with formula vouchers; if so, you must input a package change.

STATISTICAL INFORMATION

The last pages of the Participant Report contain statistics for the local program and for each site, including participant totals, participant characteristics, number of overdue recertifications, food packages assigned, voucher pick-up day assignments, terminations, and priority codes.

WIC PARTICIPANT REPORT

FROM WIC020A WIC15SA

WIC PARTICIPANT REPORT — PAGE 9
FOR JULY 89 AUGUST 89 - CYCLE I

PROGRAM 002 UPHAMS CDRNER WIC
SITE 01 UPHAMS CORNER HEALTH CENTER

01817022	AL[redacted]	CHANEL		WIC : CHILD	STATUS :		CERTIFIED :	11-10-86
	73 KENWOOD ST			SEX : FEMALE	VDUCHER DAY : 01		ASSESSED :	
ACTIVE	DDRCHESTER		02124	RACE : BLK NOT HISP	PACKAGE : 323		2ND CONTACT :	
	000-000-0000			BIRTHDAY : 10-01-86	PRIDRITY CDE: SAX		ELIG. REVIEW :	11-09-89
	AL[redacted]	ADRIENNE		EXP DELIV DAY:	TEEN RISK : 0		RECERTIFIED :	05-09-89
	HDUSEHDLD : 01817022			DELIVERY DATE:	LP USE :		CYCLE CDDE :	I
				HEALTH INS 0	VDUCHERS : 07 08		TERMINATIDN :	0/
10689024	AL[redacted]	JASDN		WIC : CHILD	STATUS :		CERTIFIED :	11-10-87
	12 EDWARDSDH ST			SEX : MALE	VDUCHER DAY : 01		ASSESSED :	
ACTIVE	HYDE PARK		02136	RACE : BLK NOT HISP	PACKAGE : 322		2ND CDNTACT	
	000-000-0000			BIRTHDAY : 10-19-87	PRIDRITY CDE: 3BX		ELIG REVIEW	09 27-89
	AL[redacted]	MARIE		EXP DELIV DAY:	TEEN RISK : 0		RECERTIFIED :	03 27-89
	HDUSEHDLD : 10689024			DELIVERY DATE:	LP USE :		CYCLE CDDE :	2
				HEALTH INS 0	VDUCHERS :		TERMINATIDN :	0/
07274012	AL[redacted]	ENRIQUE		WIC : CHILD	STATUS :		CERTIFIED :	12-26-86
	108 ADAMS ST			SEX : MALE	VDUCHER DAY : 01		ASSESSED :	
ACTIVE	DDRCHESTER		02122	RACE : HISPANIC	PACKAGE : 322		2ND CDNTACT :	
	000-000-0000			BIRTHDAY : 09-14-84	PRIDRITY CDE: SBX		ELIG. REVIEW	06-27-89
	AL[redacted]	LUZ		EXP DELIV DAY:	TEEN RISK : 0		RECERTIFIED :	12-27-88
	HDUSEHDLD : 07274012			DELIVERY DATE:	LP USE :		CYCLE CDDE :	2
				HEALTH INS 0	VDUCHERS :		TERMINATIDN	0/
08817041	AL[redacted]	ADEL		WIC : INFANT	STATUS : BREAST/BDTTLE		CERTIFIED :	11-02-88
	10 ELDER ST			SEX : FEMALE	VDUCHER DAY : 01		ASSESSED :	
ACTIVE	DDRCHESTER		02125	RACE : HISPANIC	PACKAGE : 20S		2ND CDNTACT :	
LAST CYCLE ELI	000-000-0000			BIRTHDAY : 08-17-88	PRIDRITY CDE: 2AX		ELIG REVIEW	06-17-89
FIRST BIRTHDAY	AL[redacted]	M.RIA ELENA		EXP DELIV DAY:	TEEN RISK : 0	*	RECERTIFIED :	12-17-88
RECERT OVERDUE	HDUSEHDLD : 08817041			DELIVERY DATE:	LP USE :		CYCLE CODE :	1
				HEALTH INS 0	VDUCHERS : 07		TERMINATIDN :	0/
11715026	AL[redacted]	ADNEW		WIC : CHILD	STATUS :		CERTIFIED :	07 27-88
	303 DUDLEY STREET			SEX : MALE	VDUCHER DAY : 01		ASSESSED	
ACTIVE	ROXBURY		02119	RACE : BLK NOT HISP	PACKAGE : 322		2ND CDNTACT :	
	617-442-6469			BIRTHDAY : 02-09-86	PRIORITY CDE: SBX	*	ELIG REVIEW :	07-04-89
	AL[redacted]	MARIA JULIA		EXP DELIV DAY:	TEEN RISK : 0		RECERTIFIED :	01-04-89
RECERT THIS MD	HDUSEHDLD : 11715026			DELIVERY DATE:	LP USE :		CYCLE CDDE :	1
				HEALTH INS 0	VDUCHERS : 07 08		TERMINATIDN :	0/
11715018	AL[redacted]	ADY		WIC : CHILD	STATUS :		CERTIFIED :	07-27-88
	303 DUDLEY STREET			SEX : MALE	VDUCHER DAY : 01		ASSESSED :	
ACTIVE	RDXBURY		02119	RACE : BLK NDT HISP	PACKAGE : 322		2ND CONTACT :	
	617-442-6469			BIRTHDAY : 01-24-85	PRIDRITY CDE: 3BX	*	ELIG. REVIEW :	07-08 89
	AL[redacted]	MARIA JULIA		EXP DELIV DAY:	TEEN RISK : 0		RECERTIFIED :	01-08-89
RECERT THIS MD	HDUSEHDLD : 11715018			DELIVERY DATE:	LP USE :		CYCLE CDDE :	1
				HEALTH INS 0	VDUCHERS : 07 08		TERMINATIDN :	0/

Cycle 1 - July/August Participant Report:

- Recert Overdue in July

WIC PARTICIPANT REPORT

FROM WIC020A WIC155A

WIC PARTICIPANT REPORT — PAGE 4
FOR JULY 89 AUGUST 89 - CYCLE I

PROGRAM 002 UPHAMS CORNER WIC
SITE 01 UPHAMS CORNER HEALTH CENTER

II062031	AC[redacted] MONIVETTE	WIC : CHILD	STATUS :	CERTIFIED : 05-05-88
	7 BAKERFIELD ST	SEX : FEMALE	VOUCHER DAY : 01	ASSESSED :
ACTIVE	DORCHESTER 02125	RACE : HISPANIC	PACKAGE : 322	2ND CONTACT :
	000-000-0000	BIRTHDAY : 05-05-88	PRIORITY CDE: 38X	ELIG. REVIEW : 12-06-89
	AC[redacted] MONICA	EXP DELIV DAY	TEEN RISK : 0	RECERTIFIED : 06-06-89
	HOUSEHOLD : II062031	DELIVERY DATE	LP USE :	CYCLE CODE : I
		HEALTH INS 0	VOUCHERS : 07 08	TERMINATION : 0/
IIB34058	AC[redacted] OMAR	WIC : INFANT	STATUS : BREAST/BDTTLE	CERTIFIED : 05-17-89
	16 HUMPHREYS STREET	SEX : MALE	VOUCHER DAY : 01	ASSESSED :
ACTIVE	DORCHESTER 02125	RACE : PUERTO R	PACKAGE : 204	2ND CONTACT :
	617-288-8098	BIRTHDAY : 05-17-89	PRIORITY CDE: 2AX	ELIG. REVIEW : 03-17-90
	AC[redacted] MARIA	EXP DELIV DAY:	TEEN RISK : 0	RECERTIFIED : 09-17-89
	HOUSEHOLD : II834058	DELIVERY DATE:	LP USE :	CYCLE CODE : 1
		HEALTH INS 2	VOUCHERS : 07 08	TERMINATION : 0/
08189045	AC[redacted] RAFAEL	WIC : CHILD	STATUS :	CERTIFIED : 01-11-88
	593 OUDLEY ST	SEX : MALE	VOUCHER DAY : 01	ASSESSED :
ACTIVE	DORCHESTER 02125	RACE : HISPANIC	PACKAGE : 343	2ND CONTACT :
LAST CYCLE ELI	000-000-0000	BIRTHDAY : 08-04-84	PRIORITY CDE: 3BX	* ELIG. REVIEW : 07-25-89
	AC[redacted] NATIVIDAD	EXP DELIV DAY:	TEEN RISK : 0	RECERTIFIED : 01-25-89
RECERT THIS MO	HOUSEHOLD : 08189045	DELIVERY DATE:	LP USE :	CYCLE CODE : I
		HEALTH INS 0	VOUCHERS : 07 08	TERMINATION : 0/
90222027	AC[redacted]-[redacted] LORENA	WIC : INFANT	STATUS : BDTTLE	CERTIFIED : 09-06-88
	29 LYON STREET	SEX : FEMALE	VOUCHER DAY : 01	ASSESSED :
ACTIVE	DORCHESTER 02122	RACE : HISPANIC	PACKAGE : 211	2ND CONTACT :
	617-436-1056	BIRTHDAY : 09-06-88	PRIORITY CDE: 2AX	* ELIG. REVIEW : 07-06-89
FIRST BIRTHDAY	AC[redacted] MARIA	EXP DELIV DAY:	TEEN RISK : 0	RECERTIFIED : 01-06-89
RECERT THIS MO	HOUSEHOLD : 90222027	DELIVERY DATE:	LP USE :	CYCLE CODE : I
		HEALTH INS 0	VOUCHERS : 07 08	TERMINATION : 0/
12573010	AD[redacted] ISABEL	WIC : WOMAN	STATUS : PREGNANT	CERTIFIED : 05-30-89
	27 JULIETTE ST	SEX : FEMALE	VOUCHER DAY : 01	ASSESSED :
ACTIVE	DORCHESTER 02122	RACE : BLK AMER	PACKAGE : 175	2ND CONTACT :
	000-000-0000	BIRTHDAY : 11-20-50	PRIORITY CDE: 1AX	ELIG. REVIEW :
		EXP DELIV DAY: 07-25-89	TEEN RISK : 2	RECERTIFIED :
	HOUSEHOLD : I2573010	DELIVERY DATE:	LP USE :	CYCLE CODE : I
		HEALTH INS 2	VOUCHERS : 07 08	TERMINATION : 0/
II203023	AD[redacted] DKENIA	WIC : CHILD	STATUS :	CERTIFIED : 01-21-88
	102 BIRD ST	SEX : FEMALE	VOUCHER DAY : 01	ASSESSED :
INACTIVE	DORCHESTER 02125	RACE : BLK NOT HISP	PACKAGE : 322	2ND CONTACT :
	000-000-0000	BIRTHDAY : 01-01-88	PRIORITY CDE: 1BX	ELIG. REVIEW :
	AD[redacted] SYLVIA	EXP DELIV DAY:	TEEN RISK : 0	RECERTIFIED : II-01-88
TERMINATED	HOUSEHOLD : II203023	DELIVERY DATE:	LP USE :	CYCLE CODE : I
		HEALTH INS 0	VOUCHERS :	TERMINATION : 5/06-01-89

Cycle 1 - July / August Participant Report:

- Recert This Month (July)
- Last Cycle Eligible (July/August) will be terminated 8/4/89
- First Birthday (July)

WIC PARTICIPANT REPORT

FROM WIC020A WIC15SA

WIC PARTICIPANT REPORT — PAGE IO
FOR JULY 89 AUGUST 89 - CYCLE I

PROGRAM 002 UPHAMS CORNER WIC
SITE 01 UPHAMS CORNER HEALTH CENTER

11646015	AL[redacted] ARMANDA	WIC : WOMAN	STATUS : PREGNANT	CERTIFIED 07-11-88
	27 EVERTON ST	SEX : FEMALE	VOUCHER DAY : 01	ASSESSED :
INACTIVE	DORCHESTER 02121	RACE : HISPANIC	PACKAGE : 175	2ND CONTACT :
	000-000-0000	BIRTHDAY : 05-18-59	PRIORITY CDE: 1AX	ELIG. REVIEW :
		EXP DELIV DAY 12-07-88	TEEN RISK : 0	RECERTIFIED :
TERMINATED	HOUSEHOLD : 11646015	DELIVERY DATE	LP USE :	CYCLE CODE : 1
		HEALTH INS 0	VOUCHERS :	TERMINATION : 1/03-07-89
11646023	AL[redacted] CHRISTINA	WIC : INFANT	STATUS : BOTTLE	CERTIFIED : 12-14-88
	27 GRERTON ST	SEX : FEMALE	VOUCHER DAY : 01	ASSESSED :
ACTIVE	DORCHESTER 02121	RACE : BLK NOT HISP	PACKAGE : 201	2ND CONTACT :
	000-000-0000	BIRTHDAY : 11-16-88	PRIORITY CDE: 1AX	ELIG. REVIEW : 09-16-89
	AL[redacted] ARMANDA	EXP DELIV DAY:	TEEN RISK : 0	RECERTIFIED : 03-16-89
	HOUSEHOLD 11646023	DELIVERY DATE:	LP USE :	CYCLE CODE : 2
		HEALTH INS 0	VOUCHERS :	TERMINATION : 0/
05064027	AL[redacted] DELIAH	WIC : CHILD	STATUS :	CERTIFIED : 03-05-87
	19 GENE ST	SEX : FEMALE	VOUCHER DAY : 01	ASSESSED :
ACTIVE	DORCHESTER 02125	RACE : HISPANIC	PACKAGE : 324	2ND CONTACT :
	000-000-0000	BIRTHDAY : 03-04-87	PRIORITY CDE: 58X	* ELIG. REVIEW : 07-04-89
	AL[redacted] MARIA	EXP DELIV DAY:	TEEN RISK : 0	RECERTIFIED : 01-04-89
RECERT THIS MO	HOUSEHOLD : 05064027	DELIVERY DATE:	LP USE :	CYCLE CODE : I
		HEALTH INS 0	VOUCHERS : 07 08	TERMINATION : 0/
10280022	AL[redacted] DENISE	WIC : CHILD	STATUS :	CERTIFIED : 07-21-87
	14 ALBION ST	SEX : FEMALE	VOUCHER DAY : 01	ASSESSED :
ACTIVE	ROXBURY 02119	RACE : ASIAN/PACIF	PACKAGE : 322	2ND CONTACT :
	000-000-0000	BIRTHDAY : 07-07-87	PRIORITY CDE: SAX	ELIG. REVIEW : 12-02-89
	AL[redacted] MARIA	EXP DELIV DAY:	TEEN RISK : 0	RECERTIFIED : 06-02-89
	HOUSEHOLD : 10280022	DELIVERY DATE:	LP USE :	CYCLE CODE : 1
		HEALTH INS 0	VOUCHERS : 07 08	TERMINATION : 0/
12445011	AL[redacted] DEUNILCE	WIC : INFANT	STATUS : BOTTLE	CERTIFIED : 03-29-89
	45 HUDDARD AVENUE	SEX : FEMALE	VOUCHER DAY : 01	ASSESSED :
ACTIVE	ROXBURY 02119	RACE : PUERTO R	PACKAGE : 201	2ND CONTACT :
	617-442-0095	BIRTHDAY : 01-22-89	PRIORITY CDE: 2AX	ELIG. REVIEW : 11-22-89
	AL[redacted] EUGENIA	EXP DELIV DAY:	TEEN RISK : 0	RECERTIFIED : 05-22-89
	HOUSEHOLD : 12445011	DELIVERY DATE:	LP USE :	CYCLE CODE : I
		HEALTH INS 2	VOUCHERS : 07 08	TERMINATION : 0/
01397025	AL[redacted] JEFFREY	WIC : CHILD	STATUS :	CERTIFIED : 03-21-86
	15 COLEMAN STREET	SEX : MALE	VOUCHER DAY : 01	ASSESSED : 05-04-88
ACTIVE	DORCHESTER 02125	RACE : BLK NOT HISP	PACKAGE : 323	2ND CONTACT :
	000-000-00DD	BIRTHDAY : 03-12-86	PRIORITY CDE: 38X	* ELIG. REVIEW : 10-27-89
	AL[redacted] FRANCISCA	EXP DELIV DAY:	TEEN RISK : D	RECERTIFIED : 04-27-89
RECERT NXT CYC	HOUSEHOLD : 01397025	DELIVERY DATE:	LP USE :	CYCLE CODE : 1
		HEALTH INS 0	VOUCHERS : 07 08	TERMINATION : 0/

Cycle 1 - July/August Participant Report:

- Recert this month (July)
- Recert next cycle (October - second month of cycle)

RESOLVING PROBLEMS IDENTIFIED IN VOUCHER RECONCILIATION

THE WIC COMPUTER SYSTEM RECONCILES PAID VOUCHERS AND EXAMINES THE MASTERFILES EACH MONTH.

THE WIC COMPUTER PRODUCES FOUR PROBLEM REPORTS DURING THIS MONTHLY RECONCILIATION AND SENDS THEM TO YOU FOR RESOLUTION:

1. CASH ERRORS
2. PARTICIPANTS NOT ON MASTERFILE (PNMF)
3. DUAL PARTICIPATION
4. MULTIPLE ISSUANCE

Food delivery follow-up reports are produced by the computer to help you monitor voucher distribution and program participation on an ongoing basis.

Follow-up reports are produced and sent to you at the end of each month. (If the computer does not report any problems in any of the above areas during a given month, no report is issued.) Return a complete report response to the Food Delivery Specialist at the state WIC office by the last day of the following month.

The following sections explain each report and how to respond to it.

CASH ERRORS

CASH ERRORS ARE VOUCHERS THAT HAVE BEEN PAID BUT ARE NOT RECORDED IN THE VOUCHER MASTERFILE AS HAVING BEEN ISSUED.

PROVIDE THE STATE WIC OFFICE WITH COMPLETE ISSUANCE INFORMATION ABOUT EACH CASH ERROR.

A cash error is usually a manual voucher and is a result of one of the following:

1. Manual voucher input was not submitted
2. Manual voucher input was submitted late or was lost in the mail
3. Manual voucher input was submitted with error, and was not corrected and resubmitted before the monthly reconciliation report was done
4. A voucher's magnetic-ink serial number was damaged and then misread
5. Manual vouchers were stolen and cashed.

THE CASH ERROR REPORT

This report contains serial numbers of manual vouchers issued to your program which were cashed in a given month, for which there is no issuance record in the voucher masterfile.

If all the vouchers of a food package are not cashed at the same time, they may not all appear as a cash errors in the same month. If some are cashed the following month, they may appear as cash errors in the report for that month if the input has still not been submitted.

COMPLETING THE CASH ERRORS REPORT

1. Write "yes" beside each serial number for which you have an input copy containing participant name and date of issue.

2. Write "name only" if participant's name is present but date of issue is missing.

3. Write "no" if you have a blank input or no input.

4. Sign and date one copy of each page of the cash error report and return to the Food Delivery Specialist by the last day of each month.

5. Save one copy of the report for your records.

Try to determine why each error occurred (regardless of whether you have a signed input copy) and provide this information under "COMMENTS". You might also want to mark the cash errors on your input copies. Do not send copies of your input to the state WIC office. If you cannot locate a signed input copy for a participant cash error, the voucher is considered improperly distributed and your agency could potentially be liable for its cost.

After determining why your cash errors occurred, try to develop procedures which will reduce or eliminate them. For example, set up a timetable for submitting manual voucher inputs on time and for correcting manual voucher input errors before the cash error report is produced.

PREVENTING CASH ERRORS

Use the following procedure to help reduce the number of cash errors due to manual voucher input error.

1. Batch and retain your manual voucher input copies the same way as the mailed copies until the corresponding Update, Edit and Reject reports arrive.

2. Use the Update report to identify all serial numbers which were accepted into the computer. Be sure all serial numbers on the input copy were accepted. (Occasionally the second line of serial numbers is not keyed. Promptly resubmit a duplicate of your input copy on which you have crossed out the serial numbers which were accepted; highlight what needs to be keyed.)

3. Match remaining inputs with Edit and Reject reports. Correct errors on your copy, retain a duplicate, and resubmit promptly.

4. Promptly resubmit any input which doesn't appear on the Update, Edit or Reject report. It may have been lost in the mail or may represent a keypunching error.

Note: When you resubmit input, write "resubmitted" and the date on the copy you keep.

WICASHE3 OPH MASS WIC * CASH ERRORS * FOR VOUCHERS PAID IN MARCH PAGE 2
04/25/90 PROGRAM 002 UPHAMS CORNER WIC

CREATION DATE	VOUCHER SERIAL NUMBER	PACKAGE	PAY DATE	AMOUNT PAID	INPUT COPY ON HAND WITH NAME AND DATE? YES/NO	COMMENTS IF ANY
NOV 89	9676427	691	03/27/90	3.26	_____	
	9676428	691	03/29/90	3.52	_____	
DEC 89	9815428	322	03/14/90	9.16	_____	
JAN 90	9855959	201	03/19/90	15.92	_____	
	9855960	201	03/30/90	15.92	_____	
	9855961	201	03/30/90	15.92	_____	
	9855962	201	03/21/90	8.57	_____	
	9855963	201	03/30/90	13.93	_____	
	9954714	171	03/28/90	8.36	_____	
	9955165	173	03/07/90	11.13	_____	
	9955166	173	03/26/90	7.80	_____	
	9955167	173	03/07/90	8.48	_____	
	9955168	173	03/26/90	8.04	_____	
	9955809	201	03/19/90	15.12	_____	
	9955810	201	03/26/90	14.32	_____	
	9955812	201	03/26/90	5.66	_____	
	9955869	201	03/19/90	15.12	_____	
	9955870	201	03/19/90	15.12	_____	
	9955871	201	03/19/90	15.12	_____	
	9955872	201	03/19/90	8.34	_____	
	9955873	201	03/19/90	13.23	_____	
	9955879	201	03/30/90	15.12	_____	
	9955880	201	03/30/90	15.12	_____	
	9955881	201	03/30/90	15.12	_____	
	9955882	201	03/30/90	8.33	_____	

PARTICIPANTS NOT ON MASTERFILE

THE PARTICIPANTS NOT ON MASTERFILE REPORT (PNMF) LISTS PARTICIPANTS FOR WHOM VOUCHERS WERE ISSUED AND CASHED BUT FOR WHOM THERE IS NO RECORD ON THE PARTICIPANT MASTERFILE.

This report lists participant names and ID numbers, and voucher serial number, issue date and voucher type (only one per participant) for vouchers which were cashed in the month prior to the report date. (See sample report below.) These vouchers do have complete records in the voucher masterfile, but the person to whom they were issued does not have an active or inactive record in the Participant Masterfile which contains the same program code, site code and ID# as the record in the voucher masterfile.

Inactive records remain in the participant masterfile for four months after termination. For example, a participant who received her last set of vouchers in October and cashed them in November should not appear on the December reports, as she will remain inactive in the masterfile until March.)

Possible reasons for participants appearing on the PNMF report include:

1. type 1 participant input not yet accepted
2. wrong site code on manual voucher input
3. wrong ID number on manual voucher input
4. record was purged by computer because of "old" recert or termination date recently submitted on a participant record (e.g., 1986 instead of 1987).

COMPLETING THE PNMF REPORT

1. Write "yes" beside each participant for whom you have a certification record which is valid for the issue date shown.
2. Explain why this participant does not appear in the participant masterfile (as active or inactive) as of the run date of this report.
3. Sign and date each page and return to the Food Delivery Specialist by the last day of the month.

To decrease the volume of PNMF's, watch for patterns in "reason not on PMF". Develop procedures which will reduce or eliminate this problem. Submit and correct type 1 participant inputs and manual voucher inputs promptly.

4/24/90 DPH *** MASS WIC *** PARTICIPANTS NOT ON MASTERFILE WITH VOUCHERS PAID IN THE MONTH OFMARCH PAGE

PROGRAM DIRECTOR SIGNATURE _____ DATE ___/___/___
RETURN THIS FORM TO STATE AGENCY *** KEEP A COPY FOR 7 FISCAL YEARS

PROG	SITE	NAME		PARTICIPANT I.D.	VOU PKG	VOUCHER NUMBER	ISSUE DATE	PAY DATE	CERT FORM VALID FOR ISSUE DATE ON HAND ?	REASON NOT ON PMF	TALLY
002	001	NIEVES	CARMEN	11230026	175	0691668	3/08/90	3/26/90	_____	_____	
002	001	OLSEN	DIANA	13218011	173	9913593	2/08/90	3/14/90	_____	_____	
002	001	PEREYRA	ERIDANIA	01276039	173	9813902	2/15/90	3/14/90	_____	_____	
002	001	PEREZ	LUIS	05068028	322	9856277	2/01/90	3/06/90	_____	_____	
002	001	PHAM	THU	12316022	201	9814614	2/15/90	3/15/90	_____	_____	
002	001	PHUNG	BICH THUY	13233010	173	9913762	2/15/90	3/15/90	_____	_____	
002	001	PINA	TINESHA	90229014	322	9889298	2/15/90	3/06/90	_____	_____	
002	001	PROU	JESSICA	70336037	195	9913985	3/01/90	3/08/90	_____	_____	
002	001	RASCOE	CHRISSY	70228010	322	9856376	2/15/90	3/07/90	_____	_____	
002	001	RODRIGUEZ	ILIAN	11925047	173	985522b	2/13/90	3/15/90	_____	_____	
002	001	RODRIGUEZ	TAMIKA	11925013	322	9989206	2/23/90	3/06/90	_____	_____	
002	001	RODRIGUEZ	TAMISHA	11925021	322	9989202	2/23/90	3/15/90	_____	_____	
002	001	RUIZ	BIANCA	12913026	173	9955261	3/05/90	3/20/90	_____	_____	
002	001	SANTANA	ASHLEY	11505047	322	9956487	2/15/90	3/02/90	_____	_____	
002	001	SANTANA	JOSE	11505021	322	9956479	2/15/90	3/02/90	_____	_____	
002	001	SANTIAGO	ANA	13282017	173	9854889	3/15/90	3/20/90	_____	_____	
002	001	SANTOS	PAULO	11320041	173	9955073	2/15/90	3/01/90	_____	_____	
002	001	SCOTT	ASHLEY	70890017	200	9888438	3/07/90	3/12/90	_____	_____	
002	001	SCOTT	SHANIKA	12700027	200	9814309	1/18/90	3/07/90	_____	_____	
002	001	SEMEDO	MARIA	13331012	173	9954729	2/16/90	3/01/90	_____	_____	
002	001	SIMPSON	TARECKIA	12417028	173	9955049	2/15/90	3/20/90	_____	_____	
002	001	STEPHEN	EDITH	13379011	173	9888000	3/12/90	3/20/90	_____	_____	
002	001	STRUNK	ALEXANDRA	13240106	173	9913813	2/15/90	3/02/90	_____	_____	
002	001	TIEU	DANG	10949022	320	9956021	3/15/90	3/21/90	_____	_____	

DUAL PARTICIPATION

THE DUAL PARTICIPATION REPORT LISTS ACTIVE PARTICIPANTS WITH THE SAME NAME WHO APPEAR:

- o TWICE ON ONE PROGRAM'S PARTICIPANT MASTERFILE
- o ONCE ON TWO PROGRAMS' PARTICIPANT MASTERFILE

Possible reasons for participants appearing on the Dual Participation report include:

1. Two participant input forms, each with a different ID number, were submitted for the same participant

2. An input form terminating a participant was never submitted and a type 1 participant input form was submitted issuing a new ID number to the same individual

3. Two individuals in the same family have identical names. This is not a problem, but it requires an explanation on the report

4. A participant was transferred within the state and the input for termination was not submitted or was submitted incorrectly

5. A participant is fraudulently participating in more than one program, or is receiving two sets of vouchers from one program

COMPLETING THE DUAL PARTICIPATION REPORT

1. For participants who are listed twice within your program, decide on one site and/or ID number for the participant and terminate the unwanted listing before the next input cutoff date.

2. For participants who are listed on your program and in the "other program" column, contact the other program's director to investigate and resolve the situation. Submit terminations by the next input cutoff date.

   In cases of dual participation (fraud), decide which program should terminate the participant and what penalty, if any, should be applied. This may range from 6 months' probation to a 3 month disqualification. (See the IMPOSING PENALTIES section of the Procedure Manual for guidance on sanction procedures.) The program retaining the retaining should then sanction the participant.

3. Note the actions taken, sign and date the report, and return it to the state WIC Food Delivery Specialist by the last day of each month.

DUAL PARTICIPATION

6/01/88 OPH ** MASS WIC ** DUAL PARTICIPATION PAGE 20
LISTING BY PROGRAM OF ACTIVE PARTICIPANTS WITH THE SAME NAME

PROGRAM DIRECTOR SIGNATURE _____ DATE __/__/__

PROG	SITE	ID	WICTYP	NAME	ADDR	TELE	PHONE	OTHER PROGRAM	ACTION TAKEN
062	02	00164178	9	G[redacted] A[redacted]	24 CHARLTON ST A9 HO[redacted]	000	0000	___	_____
062	02	00170779	9	G[redacted] A[redacted]	24 CHARLTON ST #18 HO[redacted]	000	0000	___	_____
062	01	00180083	7	V[redacted] B[redacted]	120 CHINO AVE HO[redacted]	000	0000	___	_____
062	01	00198605	7	V[redacted] B[redacted]	120 CHINO AVE HO[redacted]	000	0000	___	_____

PROG TOTAL

MULTIPLE ISSUANCE

THE MULTIPLE VOUCHER ISSUANCE REPORT FOR EACH LOCAL WIC PROGRAM LISTS PARTICIPANTS TO WHOM 7 OR MORE VOUCHERS WERE PAID DURING A SINGLE CALENDAR MONTH.

PROVIDE THE STATE WIC OFFICE WITH AN EXPLANATION FOR EACH INSTANCE OF MULTIPLE ISSUANCE IDENTIFIED ON THIS REPORT.

Multiple issuance is the payment of 7 or more vouchers (computer-generated and/or manual) to the same participant ID number during one calendar month.

Some reasons for multiple issuance are:

1. Food package contains 7 or more vouchers.

2. 1½ packages were issued in the same month for "catch up" to other participating family members or to cover a 6-week period before next voucher pick-up date.

3. Manual voucher input form was submitted with a participant ID number already on the masterfile. (2 inputs with the same ID number submitted within one input cycle appear on the Manual Voucher Edit Listing, not on the Multiple Issuance report.)

4. 2 packages were issued in one month, one intended for the first month and one for the next month.

5. A formula change was made after the participant redeemed the first set of vouchers and returned the formula to the local program in exchange for a new set of vouchers.

6. Fraud.

COMPLETING THE MULTIPLE ISSUANCE REPORT

The Multiple Issuance report lists all vouchers meeting the criteria above that were cashed by the participant and paid by the bank. It provides issue date, voucher serial number, voucher type, paid date, program and site code, participant name and ID number for each voucher on the report. Explain the reason for multiple issuance in the space provided.

The multiple issuance report is mailed to you at the end of the month. Return your response to the state WIC office by the last day of the following month.

4/30/90

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH - WIC PROGRAM
LISTING OF PARTICIPANTS WITH SEVEN OR MORE VOUCHER ISSUANCES
IF LARGE PACKAGE, NO LOCAL PROGRAM EXPLANATION IS REQUIRED.

PROGRAM DIRECTOR SIGNATURE _____ DATE _____

ISSUE DATE	VOUCHER NUMBER	VOU PKG	PAID DATE	PROGRAM	SITE	NAME		PARTICIP ID	LOCAL PROGRAM RESPONSE:REASON FOR MULTI ISSUE	COUNT
01/04/90	9775297	200	01/18/90	002	001	MARTINEZ	YASMIN	12581021		
01/04/90	9775298	200	01/18/90	002	001	MARTINEZ	YASMIN	12581021		
01/04/90	9775299	200	01/18/90	002	001	MARTINEZ	YASMIN	12581021		
01/04/90	9775300	200	01/18/90	002	001	MARTINEZ	YASMIN	12581021		
01/18/90	9601495	700	02/01/90	002	001	MARTINEZ	YASMIN	12581021		
01/18/90	9601496	700	02/01/90	002	001	MARTINEZ	YASMIN	12581021		
01/18/90	9601497	700	01/25/90	002	001	MARTINEZ	YASMIN	12581021		
PGID TOTAL										7
01/29/90	9635922	999	02/05/90	002	001	MOORE	SHARON	13258017		
01/29/90	9635923	999	02/14/90	002	001	MOORE	SHARON	13258017		
01/29/90	9635924	999	02/14/90	002	001	MOORE	SHARON	13258017		
01/29/90	9635925	999	02/22/90	002	001	MOORE	SHARON	13258017		
01/29/90	9635926	999	02/05/90	002	001	MOORE	SHARON	13258017		
01/29/90	9635927	999	02/14/90	002	001	MOORE	SHARON	13258017		
01/29/90	9635928	999	02/05/90	002	001	MOORE	SHARON	13258017		
01/29/90	9635929	999	02/05/90	002	001	MOORE	SHARON	13258017		
01/29/90	9635930	999	02/05/90	002	001	MOORE	SHARON	13258017		
PGID TOTAL										9
01/15/90	6849979	204	01/23/90	002	001	VEIGA	KENIETH	12749024		
01/15/90	6849980	204	01/23/90	002	001	VEIGA	KENIETH	12749024		
01/15/90	6849981	204	01/23/90	002	001	VEIGA	KENIETH	12749024		
01/15/90	6849982	204	01/23/90	002	001	VEIGA	KENIETH	12749024		
01/25/90	9814225	200	02/09/90	002	001	VEIGA	KENNETH	12749024		
01/25/90	9814226	200	02/09/90	002	001	VEIGA	KENNETH	12749024		
01/25/90	9814227	200	02/09/90	002	001	VEIGA	KENNETH	12749024		
01/25/90	9814228	200	03/02/90	002	001	VEIGA	KENNETH	12749024		
PGID TOTAL										8
01/08/90	8503512	620	01/16/90	002	001	GAYLE	KENNETH	12174025		
01/08/90	8503513	620	01/16/90	002	001	GAYLE	KENNETH	12174025		
01/08/90	8503514	620	01/16/90	002	001	GAYLE	KENNETH	12174025		
01/08/90	8503515	620	01/16/90	002	001	GAYLE	KENNETH	12174025		
01/08/90	8503516	620	01/16/90	002	001	GAYLE	KENNETH	12174025		
01/08/90	8503517	620	01/16/90	002	001	GAYLE	KENNETH	12174025		
01/08/90	8503518	620	01/16/90	002	001	GAYLE	KENNETH	12174025		
01/08/90	8503519	620	01/16/90	002	001	GAYLE	KENNETH	12174025		
01/08/90	9600931	290	03/29/90	002	001	GAYLE	KENNETH	12174025		
PGID TOTAL										9

VENDORS

A WIC VENDOR IS A RETAIL FOOD STORE, PHARMACY, OR HOME DELIVERY SERVICE AUTHORIZED BY THE WIC PROGRAM TO REDEEM WIC FOOD VOUCHERS FOR SPECIFIED WIC FOODS.

Retail vendors play a critical part in the WIC Program. As the distributors of the special WIC foods, vendors are essential in helping to improve the nutritional status of members of their communities.

The WIC Program benefits participating vendors not only because of the direct contribution of WIC food sales, but also because WIC participants who purchase their WIC foods from a vendor normally purchase other products at the same time.

In return for WIC sales, the WIC Program expects vendors to treat WIC participants the same as other customers and to follow the rules and regulations of the WIC program.

VENDOR SELECTION

The main steps in the vendor selection process are:

1. Each local program designs a vendor selection plan for its service area which identifies the number and preferred location of vendors with whom they will enter into an agreement.

2. Interested vendors submit applications to the local WIC program.

3. The local program selects vendors, pharmacies, and (if needed in rural areas) home delivery services according to standard criteria developed by the state WIC office (normally every three years, for a 3-year agreement). Pharmacies are authorized to ensure that WIC participants have access to special infant formulas.

4. The local program signs agreements with selected food vendors and pharmacies and monitors their compliance with WIC Program procedures throughout the fiscal year.

Each of these steps is outlined in detail in the following sections.

DETERMINING NEED FOR VENDORS

CONSIDER THESE FACTORS WHEN DETERMINING YOUR VENDOR NEEDS:

1. YOUR KNOWLEDGE OF YOUR COMMUNITY
2. RESULTS OF THE PARTICIPANT SHOPPING SURVEY
3. COMMON SENSE

USE THE PARTICIPANT SHOPPING SURVEY BEFORE EACH 3-YEAR VENDOR AGREEMENT CYCLE BEGINS.

THE PARTICIPANT SHOPPING SURVEY

Use the "Participant Shopping Survey" to obtain information from participants about their shopping preferences. The survey is mandatory every three years, and optional in other years. Make the summary available during voucher pickup, ideally in March or April, so that the results will be ready in time to prepare the Vendor Selection Plan. You may also survey participants orally and have staff complete the survey forms.

The "Participant Shopping Survey" is included in the Originals Packet.

THE NUMBER OF VENDORS YOU NEED

The standard ratio recommended by the state WIC office is one food vendor for every 75 to 100 participants in rural areas, one food vendor for every 150 to 200 participants in urban areas, and one pharmacy for every 300 participants (or one for each program site, if needed).

In deciding how many vendors you need to authorize, think about:

1. How many vendors your participants need
2. Where those vendors should be located throughout your catchment area
3. How much staff time is available for vendor training and monitoring.

THE VENDOR SELECTION PLAN

USE THE VENDOR SELECTION PLAN TO SPECIFY THE NUMBER AND DISTRIBUTION OF VENDORS YOU DESIRE FOR THE COMING FISCAL YEAR.

SEND YOUR COMPLETED VENDOR SELECTION PLAN TO THE STATE OFFICE SO THAT IT IS RECEIVED BY JUNE 1 OF EACH YEAR.

YOU WILL RECEIVE APPROVAL OR NOTICE OF CHANGES REQUESTED BY JULY 1.

Use the "VENDOR SELECTION PLAN" to outline and describe your goals for service. There are two versions of this plan, one for year one and one for years two and three of the three-year contract period.

COMPLETING THE VENDOR SELECTION PLAN: YEAR ONE

PROGRAM

ASSIGNED CASELOAD A/O MAY, 19 : Write your assigned caseload as of May 1.

PROPOSED NUMBER OF VENDORS Specify the number of food stores, pharmacies and home delivery vendors you are requesting for the next fiscal year. Write in the total.

FOOD VENDOR : PARTICIPANT RATIO Divide your caseload by the number of vendors to determine the ratio of participants to food stores and home delivery vendors (e.g., 1 to 75).

PHARMACY : PARTICIPANT RATIO Divide your caseload by the number of pharmacies to determine the ration of participants to pharmacies.

TOWNS IN CATCHMENT AREA List every town that is formally a part of your catchment area.

NUMBER OF PARTICIPANTS List the number of active participants living in each town.

WIC SITE? Put a check mark in this column if you have a WIC site in this town.

PROPOSED COVERAGE

- Under "# of food stores", indicate the number of food vendors you wish to authorize in each town. Do not include home delivery in this count.

- Under "# of pharmacies", indicate the number of pharmacies you wish to authorize in each town.

- Under "home delivery", place a check mark if you would like to have home delivery cover this town in addition to or in place of food vendors and/or pharmacies.

SPECIAL FACTORS AFFECTING SELECTION PLAN (if any) Explain any particular circumstances which affect your plan, such as:

- Number and distribution of participants served
- Availability of transportation, geography and other factors affecting participant access to stores
- Participant shopping preferences as indicated by the "PARTICIPANT SHOPPING SURVEY"
- Vendor shortages
- Hours of vendor operation

HOME DELIVERY (if any) If home delivery is necessary to serve your participants, use this space to explain why. (NOTE: You may not authorize home delivery vendors to provide services in urban areas, and any home delivery vendors you authorize may not serve WIC participants who live in urban areas. See the HOME DELIVERY section of this Procedure Manual for more information.)

NUMBER OF VENDORS (if exceeds guidelines) If your ratios of food vendors/ pharmacies to participants do not fall within the ranges on page 1 of the form, use this space to explain why.

PREPARED BY / TITLE / DATE

COMPLETING THE VENDOR SELECTION PLAN: YEARS TWO AND THREE

1. Program

2. Assigned caseload a/o May 19 Write your assigned caseload as of May 1.

3. Total number of food vendors including home delivery proposed for FY
   Specify the total number of food vendors you are requesting for this fiscal year, including home delivery. Include current contracted vendors and new vendors needed for openings that have become available since October 1 of current fiscal year due to withdrawal/disqualification of a vendor or an increase in your caseload.

   Do not use ranges for this total and round off all numbers.

4. Food Vendor : Participant Ratio Divide your caseload by the number of vendors to determine the ratio of food stores and home delivery vendors to participants.

5. Total Number of pharmacies proposed for FY Specify the total number of pharmacies you are requesting for this fiscal year. (See #3 above.)

   Do not use ranges for this total and round off all numbers.

6. Pharmacy : Participant Ratio Divide your caseload by the number of pharmacies to determine the ration of pharmacies to participants.

   NOTE: If you don't need any new food vendors or pharmacies because you meet the recommended ratios with current vendors, skip the rest of this page and go to page 2.

TOWNS IN CATCHMENT AREA List each town that is formally a part of your catchment area.

NUMBER OF PARTICIPANTS List the number of active participants living in each town.

A. # OF FOOD VENDORS WITH CONTRACTS THROUGH 19 List the number of food vendors in each town (including home delivery) who currently have contracts through September 30 of the current fiscal year. Put an * next to those that are home delivery vendors.

B. # OF OPENINGS FOR FOOD VENDORS List the number of openings currently available in each town for new food vendors and home delivery.

C. NUMBER OF PHARMACIES WITH CONTRACTS THROUGH FY List the number of pharmacies in each town who currently have contracts through Sept. 30 of the current fiscal year.

D. # OF OPENINGS FOR PHARMACIES List the number of openings currently available in each town for new pharmacies.

Write totals at bottom of each column.

SPECIAL FACTORS AFFECTING SELECTION PLAN (if any) Explain any circumstances which affect your plan, such as number and distribution of participants served, availability of transportation, geography or any other factors affecting participant access to stores.

NOTE: Break down towns into as many neighborhoods as necessary (for example, using zip code areas) to ensure even distribution of stores. Be specific about neighborhood boundaries.

NEED FOR HOME DELIVERY (if any) If home delivery is necessary to serve your participants, use this space to explain why.

> NOTE: You may not authorize home delivery vendors to provide services in urban areas, and any home delivery vendors you authorize may not serve WIC participants who live in urban areas. See the HOME DELIVERY section of this Procedure Manual.

NUMBER OF VENDORS (if exceeds guidelines) If your ratios of food vendors/pharmacies to participants do not fall within the recommended ranges on page 1 of the form, use this space to explain why.

PREPARED BY / TITLE / DATE

VENDOR APPLICATIONS

ALL VENDORS MUST SUBMIT APPLICATIONS IN ORDER TO BE CONSIDERED FOR WIC AUTHORIZATION. SEND AN APPLICATION TO ANY VENDOR WHO REQUESTS ONE IN WRITING.

Vendor applications are available beginning in June of each year. Vendor agreements are awarded on a three-year cycle, e.g., FY 89-91. All vendors must apply at the beginning of each cycle; no vendor automatically receives a new agreement.

Award additional agreements at the beginning of years 2 and 3 for the remaining years of the cycle only if:

- Your program's Vendor Selection Plan shows a need for more vendors

OR

- Authorized vendors are no longer on the Program and slots have opened

OR

- One or more food vendors have applied for an Agreement and there are no slots available under #1 or #2 above; in this case, make one additional food vendor slot available each year. Vendors who cannot compete for any other slot will compete for this one.

All vendors with current WIC agreements will be sent applications by the state WIC office for each 3-year agreement period. All other vendors must request an application in writing.

PHARMACIES

Pharmacies wishing to accept WIC vouchers for infant formula and other foods must complete and submit both the food vendor and the pharmacy applications. (They must then submit both types of quarterly price lists throughout the year.)

FOOD CO-OPS

If a food co-op charges different prices for members and non-members, have them submit separate price lists for members and non-members.

See the DETERMINING COMPOSITE PRICES FOR VENDORS section for more information.

VENDOR APPLICATIONS

Keep all vendor applications for 7 fiscal years, including those for vendors with whom you have not contracted.

NOTIFYING VENDORS ABOUT THE APPLICATION PROCESS

BY JUNE 10 OF THE FINAL YEAR OF EACH 3-YEAR AGREEMENT PERIOD, THE STATE WIC OFFICE WILL SEND EACH CURRENTLY PARTICIPATING WIC VENDOR A "VENDOR AUTHORIZATION EXPIRATION LETTER" AND AN APPLICATION PACKET.

YOU ARE ENCOURAGED TO SOLICIT ANY ADDITIONAL APPLICATIONS NEEDED.

MAKE SURE ALL PUBLICITY YOU USE TO SOLICIT APPLICATIONS IS NON-DISCRIMINATORY.

NOTIFYING CURRENTLY PARTICIPATING VENDORS

The "VENDOR AUTHORIZATION EXPIRATION LETTER" sent by the state office formally notifies vendors that:

- current WIC agreements expire on September 30,
- participating vendors must submit applications in order to be considered for a new WIC agreement, and
- applications are due on a given date in July.

NOTIFYING VENDORS NOT CURRENTLY PARTICIPATING IN WIC

Before each 3-year agreement cycle begins, the state WIC office makes public announcements of the vendor application process in newspapers throughout Massachusetts, such as:

BAY STATE BANNER

BERKSHIRE EAGLE

BOSTON GLOBE

CAPE COD TIMES

THE HOLYOKE TRANSCRIPT

DAILY HAMPSHIRE GAZETTE

PROVIDENCE JOURNAL

SPRINGFIELD DAILY NEWS

WORCESTER TELEGRAM AND GAZETTE

The state WIC office will supply you with samples of announcements and press releases if you wish to submit them to newspapers in your catchment area.

REQUESTS FOR VENDOR APPLICATIONS

ALL VENDORS WHO DO NOT HAVE CURRENT WIC AGREEMENTS MUST REQUEST WIC VENDOR APPLICATIONS IN WRITING.

SEND AN APPLICATION PACKET TO ANY VENDOR REQUESTING AN APPLICATION IN WRITING.

ACCEPT APPLICATION REQUESTS FROM ANY VENDOR AT ANY TIME DURING THE YEAR.

KEEP TRACK OF ALL VENDOR REQUESTS SO YOU CAN PROCESS THEM WITHIN THE APPROPRIATE DEADLINES.

REQUESTS BEFORE THE DEADLINE

Vendors may request applications for the upcoming agreement period (the full three-year period or the remaining one or two years of a three-year agreement period) until the annual deadline for submitting completed applications has passed.

REQUESTS AFTER THE DEADLINE

If a vendor requests an application after the annual deadline has passed, call or write to notify them that the deadline is past but that you will send them an application:

- if you need to reopen your application process, or
- when the new contracting period begins.

Keep track of all written requests, and send these vendors application packets for the following year when you receive them from the state WIC office.

DISTRIBUTING VENDOR APPLICATIONS

SEND ALL VENDOR APPLICATION PACKETS BY CERTIFIED MAIL OR HAND-DELIVER THEM.

When you receive a written request from a vendor not currently authorized by WIC, send her/him a WIC Vendor Application Packet immediately, or as soon as the applications become available. Accept requests until the deadline for returning the completed applications has passed.

BEFORE SENDING THE APPLICATIONS

1. Stamp or write your program name and address on each application price list.

2. Make sure that the correct date for food prices (as established by the state WIC office) has been filled in at the top of all pages of the price list, and above the signatures on the price list and application.

SENDING OR DELIVERING THE APPLICATIONS

1. Send each application with a "VENDOR APPLICATION COVER LETTER".

2. Obtain a written receipt for each application:

    - For mailed applications, keep the certified mail receipt.

    - For hand-delivered applications, have the vendor sign a "VENDOR APPLICATION RECEIPT".

3. File the application receipt in the vendor's file.

See the following pages for a copy of the WIC Vendor Application Packet.

WIC

VENDOR APPLICATION PACKET

FISCAL YEAR

1991

(Oct. 1, 1990 - Sept. 30, 1991)

APPLICATION DEADLINE:

Monday, July 16, 1990

4:00 P.M.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF PARENT, CHILD & ADOLESCENT HEALTH
WIC PROGRAM DIVISION

SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

MASSACHUSETTS WIC PROGRAM
VENDOR APPLICATION FY'91

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ATTACHMENTS

(A) "Mandatory Minimum" Checklist for Food Vendors
(B) Food Vendor Application and Price List
(C) "Mandatory Minimum" Checklist for Pharmacies
(D) Pharmacy Application and Price List

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

INTRODUCTION

MASSACHUSETTS WIC PROGRAM

WIC was legislated by Congress in 1972 to provide nutritious foods to women, infants and young children. Administered by the Massachusetts Department of Public Health, WIC currently contracts with 35 local health and social service agencies throughout Massachusetts.

Many low and moderate income women and children do not get essential nutrients. This places them at risk of health problems, including low birth weight, miscarriages, anemia and stunted growth. Therefore WIC provides both food and nutrition education to low and moderate-income pregnant, postpartum, and breastfeeding women, infants and children under five who are at nutritional risk. WIC does not, however, have enough funds to serve all eligible women and children, and must control food costs carefully to serve as many people as possible.

NUTRITION EDUCATION

The goal of WIC nutrition education is to promote healthy changes in participants' eating, food preparation and shopping habits. Once participants are certified for WIC, they receive nutrition counseling and a specific food package prescribed by a nutritionist.

The WIC foods are milk, cheese, eggs, 100% fruit juice, iron-fortified cereals, peanut butter, dried peas and beans, infant formula, and infant cereal. These foods provide nutrients such as iron, calcium, and Vitamins A, C and D, which are necessary for pregnant women and young children, but are most commonly deficient in American diets.

WIC FOOD VOUCHERS

A participant receives about 4 to 5 vouchers a month. Each voucher lists the specific types and amounts of foods prescribed. WIC vouchers can be used only at authorized WIC stores. The participant takes the WIC foods to the cashier, who separates out the WIC items on each voucher, rings up the WIC foods, and enters the price on the voucher. The participant signs the voucher to certify the correct price has been written, and gives it to the cashier. There is no exchange of money. The store is promptly reimbursed for the voucher after the manager deposits it in the store's bank.

WIC FOOD VENDORS AND PHARMACIES

As the actual distributors of WIC foods, WIC food vendors and pharmacies play a critical role in improving the health of their communities. It is important that WIC vendors ensure that participants purchase the correct foods with the WIC vouchers, so that they receive the foods they need.

It is equally important that food vendors and pharmacies charge the WIC Program fair and reasonable prices. Since the Massachusetts WIC Program cannot serve everyone who is eligible to participate in WIC, charging the lowest possible prices for WIC foods will help us to feed more people in need of the program.

ONE-YEAR VENDOR CONTRACTS FOR FY'91

All vendor agreements awarded by the Massachusetts WIC Program this year will be for one year, FY'91. These agreements will cover the last year of WIC's current 3-year vendor contract cycle (FY'89-91).

Each WIC Vendor Agreement that takes effect on October 1, 1990 will be valid through September 30, 1991 (FY'91) unless terminated earlier due to disqualification of the Vendor from the WIC Program or for any other reason as set forth in the Agreement.

Vendor agreements will be awarded for FY'91 under the following circumstances:

1. If an opening exists in a specific geographic area due to withdrawal or disqualification of a WIC vendor.

   PLEASE NOTE: This year there are limited openings in many areas.

2. If the number of WIC participants served by the Local WIC Program in a specific area has increased and the Vendor Selection Plan has therefore specified an increased number of openings for vendors in this area.

The next three-year agreement period will be Fiscal Year 1992-1994.

IMPORTANT DATES

MONDAY, JULY 2, 1990	The date all actual shelf prices must be written on the WIC vendor application.
MONDAY, JULY 16, 1990, 4:00 P.M.	DEADLINE FOR WIC PROGRAM RECEIPT OF APPLICATIONS FOR WIC VENDOR AGREEMENTS. THE LOCAL WIC PROGRAM WILL NOT CONSIDER ANY APPLICATIONS RECEIVED AFTER 4:00 P.M.***
FRIDAY, AUGUST 31, 1990	Last day for Local WIC Programs to postmark the notice of acceptance or rejection of the WIC vendor application. Local programs will send notices by certified mail or hand deliver them.
FRIDAY, SEPTEMBER 28, 1990	Deadline for signing WIC vendor agreements for Fiscal Year 1991.
OCTOBER 1, 1990 - SEPTEMBER 30, 1991	Duration of Fiscal Year 1991 agreement.

*** SPECIAL NOTICE TO VENDORS: The Massachusetts WIC Program strongly recommends that all applications and other written materials be sent by certified mail or hand delivered. This prevents the possibility of loss or delay in the regular mail, and protects both the vendors who are submitting applications, and the local WIC programs. Vendors may use regular mail at their own risk. APPLICATIONS RECEIVED AFTER 4:00 P.M. ON MONDAY, JULY 16, 1990 WILL NOT BE CONSIDERED.

THE VENDOR SELECTION PROCESS

** IMPORTANT **

THE SELECTION PROCESS IS VERY COMPETITIVE. OPENINGS ARE VERY LIMITED AND ALL VENDORS WHO APPLY WILL NOT NECESSARILY RECEIVE A WIC VENDOR AGREEMENT. VENDORS' PRICES ARE A MAJOR FACTOR IN THE SELECTION PROCESS. IT IS IMPORTANT TO READ ALL OF THE INSTRUCTIONS CAREFULLY, AND TO FILL OUT THE INFORMATION EXACTLY AS REQUESTED. VENDORS ARE ENCOURAGED TO CONTACT THEIR LOCAL WIC PROGRAM FOR TECHNICAL ASSISTANCE IN COMPLETING THIS APPLICATION.

VENDOR SELECTION PLANS

Before any vendors are selected for the WIC Program, each Local WIC Program designs a vendor selection plan which specifies the number of food vendors and pharmacies needed to serve the WIC participants in that area. It is based on the following factors:

1. The need for food vendors, based on the number and distribution of WIC participants served by the local program,
2. The need for pharmacies, based on the number and distribution of participants needing special infant formulas,
3. WIC participant shopping preferences,
4. Local WIC Program resources available for vendor training and monitoring, and
5. The need, if any, for home delivery services in rural areas, based on participant hardship in access to stores.

THE VENDOR SELECTION PROCESS (continued)

SELECTION CRITERIA

To select the vendors that will be awarded WIC Vendor Agreements for Fiscal Year 1991, Local WIC Program Directors will apply the following criteria uniformly statewide:

1. TIMELINESS. Applications received after 4:00 P.M. on Monday, July 16, 1990 will not be considered. (If an application is rejected for this reason, the vendor may not appeal the decision by requesting a fair hearing.)

2. COMPLETENESS. Incomplete applications will not be considered. The vendor application must be filled out completely and accurately, and IT MUST BE SIGNED by the owner, manager, or other individual with legal authority to obligate the vendor. Any supplemental information requested by the WIC Program must also be provided complete and by the specified deadline.

3. ACCURACY. Inaccurate information in the application may be grounds for denial of an application or later disqualification from the WIC Program.

4. MANDATORY MINIMUM OF FOODS. Vendors must stock all of the required WIC foods listed on the "Mandatory Minimum" checklist at all times.

5. PRICE. Vendors will be ranked according to standard Massachusetts WIC composite price procedures. Vendors that meet all other criteria and have the lowest prices may be selected based on the local WIC program vendor selection plan. (See further discussion of price issues on page 7.)

6. ACCESSIBILITY TO PARTICIPANTS. Vendors must be located in an area accessible to WIC participants as described by the vendor selection plan.

7. COMPLIANCE WITH WIC AND FOOD STAMP REGULATIONS. A vendor's current and prior compliance with the WIC Program and USDA Food Stamp Program regulations will be considered. Failure to pay any monetary claim assessed by the Massachusetts WIC Program will be grounds for denial of an application.

8. VOLUME. The application of any food vendor or pharmacy who has redeemed fewer than 20 WIC vouchers in a given month may be denied.

9. AVAILABILITY OF OPENINGS. The number of stores and home delivery services selected will be limited based on the Local Program's vendor selection plan. If the number of otherwise eligible vendors, based on the above criteria, exceeds the number of openings available, not all of the vendors will be selected.

THE VENDOR SELECTION PROCESS (continued)

SIGNING OF AGREEMENTS

Vendors who have been awarded agreements for Fiscal Year 1991 must sign them by September 28, 1990 or the award will be automatically withdrawn. IT IS THE RESPONSIBILITY OF THE VENDOR TO COMPLY WITH THE ARRANGEMENTS MADE BY THE LOCAL WIC PROGRAM FOR SIGNING THE AGREEMENT.

FAIR HEARINGS

If an application is rejected for any reason except late submission and a vendor wishes to appeal the decision, the vendor must request a fair hearing by writing within 30 days of receiving the rejection letter, to the following address:

Vendor Specialist
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

HOW DOES THE WIC PROGRAM JUDGE PRICES?

Prices are a crucial factor in the decision whether to accept a vendor's application. Vendors whose prices may not be competitive are encouraged to offer lower prices on WIC-approved foods. (The Massachusetts WIC Program will then monitor the vendor's prices to ensure that these lower prices are actually used.)

If a WIC vendor application includes the "Mandatory Minimum" of WIC foods, as described later in this packet, and meets all the criteria, the Local WIC Program then determines whether the vendor's prices are competitive, using statewide guidelines. Food vendors' prices and pharmacies' prices are considered separately. To rank the food vendors' prices, the Local WIC Program determines a single "composite" price for each vendor. The composite price includes the prices of a wide variety of WIC foods, and takes into account that some foods are sold in a higher volume than others. The Local WIC Program then ranks the vendors according to their composite prices. Pharmacies' prices are similarly ranked, using a composite price for infant formulas.

In order for the price comparisons to be fair, the vendor must certify that the prices submitted as part of the application for the WIC vendor agreement include the HIGHEST AND LOWEST ACTUAL SHELF PRICES AT THAT LOCATION for July 2, 1990 - that is, the prices of the most and least expensive brands, as requested on the price list.

More detailed information about how the "composite price" is obtained will be available to the public after the application deadline. To obtain this information, write to:

Vendor Specialist
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

IMPORTANT: after an agreement is signed, the WIC Program will continue to review vendors' prices, using both the periodic price reports (March, July and November) and the prices submitted on vouchers. A vendor's agreement may be terminated at any time based on an unreasonable increase in prices, as set forth in the WIC vendor agreement. The prices included in the application will be important in determining whether price increases are reasonable.

WHAT IS THE "MANDATORY MINIMUM" FOR FOOD VENDORS?

In order for an application to be considered, the vendor must stock all ten (10) categories of the WIC foods as described below. These foods must be fresh, and there must be an adequate supply so that WIC participants are able to purchase them whenever the vendor is open for business.

A Mandatory Minimum Checklist is included for your convenience as Attachment A. WIC strongly recommends that you use this checklist to make sure your application is complete.

NOTE: the Mandatory Minimum may be amended during the year.

THE "MANDATORY MINIMUM" OF THE WIC FOODS IS:

A. JUICE

1. At least two (2) of the following types of 100% pure juice in bottles or cartons (at least one of which must be available in quart, and one in half-gallon containers):

   - apple juice: West Lynn Creamery, East Greenwich, and Franklin Orchards in cartons
   - grapefruit juice
   - orange juice: (Premium and fresh squeezed are not allowed)
   - grapejuice: Stop & Shop in bottles

2. At least two (2) of the following types of 100% pure frozen juice:

   - apple juice: Star Market, DeMoulas, Purity Supreme, Seneca, or Parade
   - grapefruit juice
   - orange juice
   - pineapple juice: Dole

3. A total of at least three different flavors of juice, in any combination of the above types (example: orange, apple and grape juice)

B. CHEESE

At least three (3) of the following types of cheese in packages that add up to 16 ounces (one pound), domestic only:

American
Cheddar
Colby
Monterey Jack
Mozzarella - whole milk or part skim
Muenster

MANDATORY MINIMUM FOR FOOD VENDORS (cont.)

B. CHEESE (con't)

Only pure cheese may be purchased with WIC food vouchers. "Cheese food," "cheese food product," and "cheese spread" are not allowed. Also not allowed are: Prepackaged sliced (except American), shredded, sticks, snack packs, and imported cheese. Deli cheese of the above types (domestic only) is permitted.

C. CEREAL

At least five (5) of the following types and/or sizes of cereal:

(9-ounce or larger boxes only, No single-serving packets)

(General Mills)	Cheerios - 10 oz., 15 oz., 20 oz.
(General Mills)	Kix - 9 oz.
(General Mills)	Total - 12 oz., 18 oz.
(General Mills)	Total Oatmeal - Regular Quick - 15 oz canister
(Kellogg's)	Bran Flakes - 16 oz., 20 oz.
(Kellogg's)	Product 19 - 12 oz., 18 oz.
(Nabisco)	Cream of Wheat (Unflavored) - 14 oz., 28 oz.
(Nabisco)	Team Flakes - 13 oz., 18 oz.
(Post)	Natural Bran Flakes - 16 oz.
(Post)	Grape Nuts Flakes - 14 oz.
(Post)	Grape Nuts 16 oz., 24 oz.
(Post)	Crispy Critters - 12 oz.
(Ralston Purina)	Chex: Corn 12 oz.
(Ralston Purina)	Rice 12 oz.
(Ralston Purina)	Wheat 16 oz.
(Standard Milling)	Maltex - 20 oz.
(Standard Milling)	Maypo (30 Second Oatmeal) - 14 oz.
(Standard Milling)	Maypo (Vermont Style) - 19 oz.

D. MILK

1. Whole milk in quarts and half-gallon and gallon containers AND
2. Liquid lowfat milk or liquid nonfat (skim) milk AND
3. 12 ounce cans of evaporated milk or one (1) pound boxes of dry milk.

Only store brand or least expensive brand of milk is permitted. Flavored milk is not allowed.

E. EGGS

Grade A, large.

Eggs must be available in dozen and in one-half dozen containers.

MANDATORY MINIMUM FOR FOOD VENDORS (cont.)

F. IRON-FORTIFIED INFANT FORMULA

1. Enfamil with Iron, 13 ounce concentrate (1 case), and
2. Prosobee, 13 ounce concentrate (1 case).

G. IRON-FORTIFIED INFANT CEREAL

Plain cereal, any type in eight (8) ounce packages, any brand. No added fruit, no single servings.

H. INFANT JUICE

Any flavor, 4.0 or 4.2 ounce glass jars, any brand.

I. PEANUT BUTTER

18 ounce (one pound, two ounce) jars of plain peanut butter, smooth or chunky, any brand.

Peanut butter mixed with jelly, marshmallow, or other flavorings is not allowed.

J. DRIED PEAS OR BEANS

At least two (2) of the following types of dried peas and beans packaged in one (1) pound packages:

aduki beans	fava beans	pigeon peas
black beans	great northern beans	pink beans
black-eyed peas	kidney beans	pinto beans
chick peas/ garbanzo beans	lentils	soy beans
	large lima beans	green split peas
cow peas	mung beans	yellow split peas
cranberry beans	navy beans	small white beans
crowder beans	whole dried peas	yellow-eye peas

MANDATORY MINIMUM FOR PHARMACIES

A pharmacy must stock all three (3) of the following categories of infant formulas: iron-fortified formula, low-iron formula, and special prescription formulas and adult/pediatric nutritionals. The formulas must be fresh (within expiration date), and there must be an adequate supply so that WIC participants are able to purchase them whenever the pharmacy is open for business. The pharmacy must be willing and able to provide any special formulas within 48 hours (see below for more details).

EFFECTIVE OCTOBER 1, 1989, THE "MANDATORY MINIMUM" OF THE WIC FOODS FOR PHARMACIES IS:

A. IRON-FORTIFIED INFANT FORMULA

All of the following:

1. Enfamil with Iron, 13 ounce concentrate
2. Prosobee, 13 ounce concentrate
3. Enfamil with Iron, one (1) pound can powdered, and Prosobee, 14 ounce can powdered
4. Enfamil with Iron, 32 ounce ready-to-feed
5. Prosobee, 32 ounce ready-to-feed

B. LOW-IRON INFANT FORMULA

All of the following:

1. Enfamil Low-iron, 13 ounce concentrate
2. Enfamil Low-iron, 32 ounce ready-to-feed
3. Enfamil Low-iron, one (1) pound can powdered

C. SPECIAL PRESCRIPTION INFANT FORMULA

Both of the following:

1. Nutramigen, one (1) pound can powdered
2. Pregestimil, one (1) pound can powdered

SPECIALIZED INFANT FORMULAS AND ADULT/PEDIATRIC NUTRITIONALS

Specialized infant formulas and adult/pediatric nutritionals must be available within 48 hours after notification by local WIC program or a participant with current WIC vouchers. Such products include:

Alimentum	Pediasure	SMA Low Iron (Powder)
Ensure	Phenyl-Free	Similac Special Care
Enfamil Premature Formula	Portagen	Sustacal
Isocal	Product 3232A	Sustagen
Isomil (Powder)	RCF	
Lofenalac	Similac With Iron (Powder)	
MSUD Diet Powder	Similac Low Iron (Powder)	
Nursoy (Powder)	SMA With Iron (Powder)	

Other specialized formulas for inborn errors of metabolism may also be prescribed by WIC and must be made available within 48 hours. A complete list of all WIC approved formulas is available upon request.

NOTICE TO HOME DELIVERY APPLICANTS

Since Federal regulations require much more extensive monitoring of home delivery services than stores, and thus more WIC resources are required for such monitoring, the WIC Program will give preference to stores, unless there is a specific need for home delivery in a given area.

Each local WIC Program determines the need, if any, for home delivery services, based on whether participants face hardship in access to stores in a given rural area, and whether the program has resources available for monitoring. No home delivery services will be authorized for non-rural areas. Home delivery applications are then evaluated according to standard WIC criteria, including price.

HOW TO FILL OUT THE WIC VENDOR APPLICATION

1. Select the appropriate application(s) and food price list included in this packet. Food vendors use the WIC Food Vendor Application (Attachment B). Pharmacies use the WIC Pharmacy Application (Attachment D).

2. PLEASE TYPE OR PRINT ALL ITEMS CLEARLY.

3. The WIC Program will not consider incomplete applications. Fill out all parts of the application and do not leave any questions blank.

4. You must list the names of all owners of the business (item 5 on the application). If the business is a corporation, give the corporate name in item 5 and list the names of the president, vice president, and treasurer in item 6. If there is more than one vice president, list the vice president who is chiefly responsible for the operation of the store.

5. It is important that the statement of annual gross sales be accurate. Refer to the most recent state or federal income tax return for an accurate figure of gross annual sales. For vendors that have not been in business for one full year, project the annual gross sales using available figures. For your application to be considered, you must provide this information.

6. Complete the information at the top of the price list.

7. Fill out the price list carefully and completely. Do not estimate or project prices. The prices must reflect the HIGHEST ACTUAL SHELF PRICES on July 2, 1990, except where the store brand or lowest price is specifically requested. When the list does not specify the brand name of the WIC food item, select the brand with the HIGHEST price (unless store brand or lowest price is requested). We ask you for your ACTUAL SHELF PRICES for monitoring purposes, to evaluate prices charged by vendors, and to assess monetary claims against vendors who overcharge the WIC Program. Fill in the price of the item, and indicate in the space provided the brand name of the item used.

8. Each chain outlet must prepare its own price list, although the corporate office may sign the application. CHAIN STORE APPLICATIONS MAY NOT INCLUDE COPIES OF A PRICE LIST PREPARED BY THE CORPORATE OFFICE; THEY MUST INCLUDE EACH OUTLET'S ACTUAL PRICES.

9. IF A SPACE IS LEFT BLANK ON THE PRICE LIST, THE WIC PROGRAM WILL ASSUME THAT THE VENDOR DOES NOT CARRY THAT PARTICULAR FOOD ITEM. Use the "Mandatory Minimum Checklist" (Attachment A or C) to see if your price list is complete. Your application will be denied if you do not give prices for the Mandatory Minimum of foods.

10. Sign and date both the first page of the application(s) and the price list. THE APPLICATION AND PRICE LIST ARE INVALID IF THEY ARE NOT SIGNED.

11. The deadline for the local WIC program to receive the completed application is 4:00 P.M. on Monday, July 16, 1990.

"MANDATORY MINIMUM" CHECKLIST FOR FOOD VENDORS

Notice to food vendors: your application will be rejected if you do not carry all of these items as they are listed below. This checklist is for your use only. Do not attach it to the application. See "Mandatory Minimum" section above for details.

/__/ 1. Two types of WIC juice in bottles or cartons (apple, grapefruit, orange, or grape)

/__/ 2. WIC juice in half-gallon and quart bottles or cartons

/__/ 3. Two types of frozen WIC juice in 12 ounce cans (apple, grapefruit, orange, or pineapple)

/__/ 4. Three flavors of WIC juice

/__/ 5. Three types of WIC cheese

/__/ 6. Cheese package sizes combine to add up to one (1) pound

/__/ 7. Five types and/or sizes of WIC cereal

/__/ 8. Whole milk in gallon, half-gallon and quart containers

/__/ 9. Liquid lowfat or liquid nonfat milk

/__/ 10. 12 ounce cans evaporated milk or 1 pound boxes dry milk

/__/ 11. Grade A large eggs

/__/ 12. Dozen and 1/2 dozen egg containers

/__/ 13. Enfamil with Iron, 13 ounce concentrate, 1 case

/__/ 14. Prosobee, 13 ounce concentrate, 1 case

/__/ 15. 8 ounce packages plain iron-fortified infant cereal

/__/ 16. 4.0 or 4.2 ounce glass jars infant juice

/__/ 17. 18 ounce jars of peanut butter

/__/ 18. Two types of dried peas or beans in one (1) pound packages

MASSACHUSETTS WIC PROGRAM

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN

FISCAL YEAR 1991

FOOD VENDOR APPLICATION

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND COMPLETE ALL ITEMS

1. STORE NAME _____
2. STREET _____

   CITY _____ STATE _____ ZIP _____
3. MAILING ADDRESS (If different from above)

   _____
4. TELEPHONE _____ extension (If any)_____
5. OWNER(S) OR CORPORATE NAME _____
6. NAMES OF OFFICERS (If corporation)

   President _____

   Vice President _____ Treasurer _____
7. MANAGER (If different from owner) _____
8. PERSON AT STORE RESPONSIBLE FOR WIC _____

All vendors:
9. ANNUAL GROSS SALES $ _____
10. HOURS OF BUSINESS: weekdays _____ Saturday _____ Sunday _____

Chain stores only:
11. ADDRESS OF CORPORATE HEADQUARTERS:

    Street _____ City _____ State _____ Zip _____

    Contact Person _____ Telephone _____

Stores only:
12. NUMBER OF CHECKOUT AISLES _____

Home delivery only:
13. TOWNS/NEIGHBORHOODS SERVED _____

    _____
14. HOW LONG HAVE YOU OPERATED THIS BUSINESS AT THE PRESENT SITE? _____
15. HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME? _____ IF YES, WHAT WAS THE NAME OF THE BUSINESS, AND WHEN WAS IT IN OPERATION? _____
16. DOES THIS STORE NOW PARTICIPATE IN THE FOOD STAMP PROGRAM? _____
17. HAS THIS STORE, OWNER OR MANAGER EVER RECEIVED A WARNING, BEEN SUSPENDED, DISQUALIFIED, OR HAD A CIVIL MONEY PENALTY ASSESSED AGAINST IT BY THE WIC OR FOOD STAMP PROGRAMS? _____

    IF YES, PLEASE STATE WHEN AND EXPLAIN WHY _____
18. NAME OF BANK WHERE WIC VOUCHERS WOULD BE DEPOSITED _____
19. ACCOUNT NUMBER AT THIS BANK _____

WIC OFFICE USE ONLY

Date received _____ Complete? _____

Application accepted _____

Application denied _____ Check reason(s)

1. ____ late
2. ____ incomplete
3. ____ inaccurate application
4. ____ no mandatory minimum
5. ____ high prices
6. ____ not accessible to participants
7. ____ WIC non-compliance history
8. ____ Food Stamp non-compliance history
9. ____ low volume

To the best of my knowledge, all of the information given above and on attached price list is correct. The prices are the ACTUAL SHELF PRICES for July 2, 1990. I understand that should my store be accepted for a WIC vendor agreement, I will be bound by WIC Program regulations and policies including, but not limited to:

1. filling in correct prices on vouchers at time of purchase;
2. attending vendor education sessions;
3. training employees about WIC procedures;
4. submitting timely accurate price lists of WIC foods to the WIC Program;
5. being periodically monitored.

I understand that this is only a request for a WIC vendor agreement, and does not constitute an agreement.

Signed _____ Title _____

ALSO SIGN PRICE LIST Date _____

[illegible] Program. If you believe you have been discriminated against because of race, color, [illegible] Secretary of Agriculture, Washington, D.C. 20250.

FOOD VENDOR PRICE LIST

VENDOR NAME _____

ADDRESS _____

_____

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 2, 1990 (UNLESS LOWEST PRICES REQUESTED).
USE BLACK INK.

JUICE

BOTTLE OR CARTON	QUART	BRAND	1/2 GAL.	BRAND
APPLE	___	___		East Greenwich cartons
	___	___		West Lynn Creamery - cartons
	___	___		Franklin Orchards
GRAPEFRUIT				
ORANGE Highest				
ORANGE Lowest			___	___
GRAPE	40 OZ.	Stop & Shop		

FROZEN	12 OZ.	BRAND
APPLE		Star Mkt.
		DeMoulas
		Purity Supreme
		Seneca
		Parade
GRAPEFRUIT		
ORANGE		
PINEAPPLE		Dole

CHEESE

	6 OZ.	8 OZ.	10 OZ.	16 OZ.	WIC USE
AMERICAN					
CHEDDAR					
COLBY					
MONTEREY JACK					
MOZZARELLA Whole Milk					
MOZZARELLA Part Skim					
MUENSTER					
WIC USE: TOTALS					
WIC USE: AVERAGE PER OZ.					

CEREAL

	OUNCES	
Kellogg's BRAN FLAKES	16	
	20	
Post Natural BRAN FLAKES	16	
CHEERIOS (plain)	10	
	15	
	20	
CRISPY CRITTERS	12	
CREAM OF WHEAT - Unflavored	14	
	28	
GRAPE NUTS FLAKES	14	
GRAPE NUTS	16	
	24	
KIX	9	
MALTEX	20	
MAYPO - 30 Sec. Oatmeal	14	
MAYPO - Vermont Style	19	
PRODUCT 19	12	
	18	
TEAM FLAKES	13	
TOTAL	12	
	18	
TOTAL OATMEAL - Regular Quick	15	
CORN CHEX	12	
WHEAT CHEX	16	
RICE CHEX	12	
	23.5	
WIC USE: TOTALS		
WIC USE: AVERAGE PER OZ.		

MORE

FOOD VENDOR PRICE LIST, CONTINUED.

MAS

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 2, 1990 (UNLESS LOWEST PRICES REQUESTED). USE BLACK INK.

SIGN BELOW

FLUID MILK

	QUART	BRAND	1/2 GAL.	BRAND	GALLON	BRAND
WHOLE Lowest Priced Milk						
LOWFAT						
NONFAT (SKIM)						

EGGS

	GRADE A LARGE
1 DOZEN	
1/2 DOZEN	

DRY MILK

	1 LB.	BRAND
WHOLE		
LOWFAT		
NONFAT (SKIM)		

EVAPORATED MILK

	12 OZ.	BRAND
WHOLE		
SKIM		

INFANT FORMULA

MILK BASED	13 OZ. CONCENTRATE	32 OZ. READY-TO-FEED	1 LB. POWDER
ENFAMIL with iron			
ENFAMIL lo-iron			
SIMILAC with iron			
SIMILAC lo-iron			
SMA with iron			
SMA lo-iron			

SOY BASED	13 OZ. CONCENTRATE	32 OZ. READY-TO-FEED	POWDER
PROSOBEE			14 OZ.
ISOMIL			14 OZ.
NURSOY			16 OZ.

INFANT CEREAL

	8 OZ. IRON-FORTIFIED	BRAND	16 OZ. IRON-FORTIFIED	BRAND
HIGHEST				
LOWEST				

INFANT JUICE

	4 OR 4.2 OZ. JAR	BRAND
HIGHEST		
LOWEST		

PEANUT BUTTER

	18 OZ.	BRAND
HIGHEST		
LOWEST		

DRIED PEAS OR BEANS

1 LB. PKG.	TYPE PEA/BEAN

I CERTIFY THAT THE PRICES ON BOTH PAGES OF THIS PRICE LIST ARE THE ACTUAL SHELF PRICES FOR JULY 2, 1990. ALL PRICES ARE HIGHEST PRICES EXCEPT WHERE LOWEST PRICES ARE SPECIFIED.

SIGNATURE _____ DATE _____

[illegible] an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, [illegible] origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

ATTACHMENT C

"MANDATORY MINIMUM" CHECKLIST FOR PHARMACIES

Notice to pharmacies: your application will be rejected if you do not carry all of these items as they are listed below. This checklist is for your use only. Do not attach it to the application. See "Mandatory Minimum" section above for details.

/__/ 1. Enfamil with Iron, 13 ounce concentrate

/__/ 2. Enfamil Low-Iron, 13 ounce concentrate

/__/ 3. Enfamil with Iron, 32 ounce ready-to-feed

/__/ 4. Enfamil Low-Iron, 32 ounce ready-to-feed

/__/ 5. Enfamil Low-Iron, 1 pound can powdered

/__/ 6. Prosobee, 13 ounce concentrate

/__/ 7. Prosobee, 32 ounce ready-to-feed

/__/ 8. Enfamil with Iron, 1 pound can powdered and Prosobee, 14 ounce can powdered

/__/ 9. Nutramigen, 1 pound can powdered

/__/ 10. Pregestimil, 1 pound can powdered

MASSACHUSETTS WIC PROGRAM

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN

FISCAL YEAR 1991 PHARMACY APPLICATION

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND COMPLETE ALL ITEMS

1. PHARMACY NAME _____
2. STREET _____

   CITY _____ STATE _____ ZIP _____
3. MAILING ADDRESS (If different from above)

   _____
4. TELEPHONE _____ extension (If any) _____
5. OWNER(S) OR CORPORATE NAME _____

   _____
6. NAMES OF OFFICERS (If corporation)

   President _____

   Vice President _____ Treasurer _____
7. MANAGER (If different from owner) _____
8. PERSON AT STORE RESPONSIBLE FOR WIC _____
9. ANNUAL GROSS SALES $ _____
10. HOURS OF BUSINESS weekdays _____ Saturday _____ Sunday _____
11. CHAIN STORES ONLY: ADDRESS OF CORPORATE HEADQUARTERS

    Street _____ City _____ State _____ Zip _____

    Contact Person _____ Telephone _____
12. HOW LONG HAVE YOU OPERATED THIS BUSINESS AT THE PRESENT SITE? _____
13. HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME? _____ IF YES, WHAT WAS THE NAME OF THE BUSINESS, AND WHEN WAS IT IN OPERATION? _____
14. DOES THIS PHARMACY NOW PARTICIPATE IN THE FOOD STAMP PROGRAM? _____
15. HAS THIS PHARMACY, OWNER OR MANAGER EVER RECEIVED A WARNING, BEEN SUSPENDED, DISQUALIFIED, OR HAD A CIVIL MONEY PENALTY ASSESSED AGAINST IT BY THE WIC OR FOOD STAMP PROGRAMS? _____

    IF YES, PLEASE STATE WHEN AND EXPLAIN WHY _____
16. NAME OF BANK WHERE WIC VOUCHERS WOULD BE DEPOSITED _____
17. ACCOUNT NUMBER AT THIS BANK _____

WIC OFFICE USE ONLY

Date received _____ Complete? _____

Application accepted _____

Application denied _____ Check reason(s)

1. ____ late
2. ____ incomplete
3. ____ inaccurate application
4. ____ no mandatory minimum
5. ____ high prices
6. ____ not accessible to participants
7. ____ WIC non-compliance history
8. ____ Food Stamp non-compliance history

To the best of my knowledge, all of the information given above and on attached price list is correct. The prices are the HIGHEST ACTUAL SHELF PRICES for July 2, 1990. I understand that should my pharmacy be accepted for a WIC vendor agreement, I will be bound by WIC Program regulations and policies including, but not limited to:

1. filling in correct prices on vouchers at time of purchase;
2. attending vendor education sessions;
3. training employees about WIC procedures;
4. submitting timely accurate price lists of WIC foods to the WIC Program;
5. being periodically monitored.

I understand that this is only a request for a WIC vendor agreement, and does not constitute an agreement.

Signed _____ Title _____

ALSO SIGN PRICE LIST Date _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

PHARMACY PRICE LIST

PHARMACY PRICE LIST

PHARMACY NAME _____

ADDRESS _____

_____

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 2, 1990. USE BLACK INK. SIGN BELOW.

REGULAR INFANT FORMULA

MILK BASED	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	1 lb. POWDER
ENFAMIL with Iron			
ENFAMIL lo-Iron			
SIMILAC with Iron			
SIMILAC lo-Iron			
SMA with Iron			
SMA lo-Iron			

SOY BASED	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	POWDER
PROSOBEE			14 oz.
ISOMIL			14 oz.
NURSOY			16 oz.

SPECIAL PRESCRIPTION INFANT FORMULAS

	32 OZ READY-TO-FEED	3.8 LB POWDER	4/1.9 OZ POWDER
SUSTACAL			
SUSTAGEN	1 LB POWDER	2.5 LB POWDER	5 LB POWDER
ENSURE	32 OZ READY-TO-FEED	14 OZ POWDER	
ENSURE OSMOLITE	32 OZ READY-TO-FEED		
ISOCAL	32 OZ READY-TO-FEED		
LOFENALAC	2.5 LB POWDER		
MSUD DIET POWDER	2.5 LB POWDER		
NUTRAMIGEN	1 LB POWDER		

	2.5 LB POWDER
PHENYL-FREE	
ALIMENTUM	32 OZ READY-TO-FEED
PEDIASURE	8 OZ READY-TO-FEED
SPECIAL CARE	4 OZ READY-TO-FEED
PORTAGEN	1 LB POWDER
PREGESTIMIL	1 LB POWDER
PRODUCT 3232A	1 LB POWDER
RCF	13 OZ CONCENTRATE

I CERTIFY THAT THE PRICES ON THIS LIST ARE THE HIGHEST ACTUAL SHELF PRICES FOR JULY 2, 1990.

_____ _____

SIGNATURE DATE

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

RECEIVING VENDOR APPLICATIONS

DO NOT ACCEPT VENDOR APPLICATIONS AFTER THE STATED DEADLINE.

WHEN YOU RECEIVE A COMPLETED APPLICATION

1. Date and initial each application as you receive it.
2. Give written receipts to vendors who request them.
3. Send a copy of the application to the state WIC office within one week of the application deadline.

LATE APPLICATIONS

Do not accept late applications. Return them to the vendor with a "LATE APPLICATION LETTER" and keep a copy of the letter for your files.

VENDOR SELECTION

SELECT VENDORS THAT:

1. SUBMIT TIMELY, COMPLETE AND ACCURATE APPLICATIONS
2. MEET THE MANDATORY MINIMUM OF WIC FOODS
3. HAVE THE LOWEST COMPOSITE PRICES
4. ARE ACCESSIBLE TO WIC PARTICIPANTS
5. COMPLY WITH WIC PROGRAM AND FOOD STAMP REGULATIONS
6. ACCEPT AT LEAST 20 VOUCHERS PER MONTH (FOR FOOD STORES; MAY BE WAIVED IF PARTICIPANTS NEED ACCESS TO THE STORE)
7. MEET THE NEEDS OF YOUR VENDOR SELECTION PLAN

Follow these steps when selecting vendors:

1. Review the applications submitted by the deadline for completeness, accuracy and for compliance with other selection criteria.

   See the PRELIMINARY REVIEW OF VENDOR APPLICATIONS section of this Procedure Manual.

2. Review the applications for the Mandatory Minimum of WIC foods.

   See THE MANDATORY MINIMUM section of this Procedure Manual.

3. Complete a vendor review of each new applicant before selecting her/him.

   See the PRE-SELECTION VENDOR REVIEWS section of this Procedure Manual.

4. Compute a composite price for each applicant. Rank all food vendors and all pharmacies within the areas specified on your Vendor Selection Plan.

   See the DETERMINING COMPOSITE PRICES FOR VENDORS section of this Procedure Manual.

5. Choose vendors sequentially, starting with the lowest priced vendor. Select the number of vendors stated in your Vendor Selection Plan, choosing the lowest priced vendor(s) for each part of your selection plan (food vendors, pharmacies, etc.).

PRELIMINARY REVIEW OF VENDOR APPLICATIONS

DURING THE PRELIMINARY REVIEW:

1. CHECK TO MAKE SURE THE APPLICATION IS COMPLETE, ACCURATE, SIGNED AND DATED.

   - GIVE VENDORS FIVE DAYS TO COMPLETE APPLICATIONS WHICH ARE INCOMPLETE OR WHICH LACK THE MANDATORY MINIMUM.

   - REJECT ANY APPLICATION RESUBMITTED LATER THAN THE DEADLINE FOR RESUBMITTAL.

2. CHECK WHETHER THE VENDOR HAS BEEN DISQUALIFIED FROM FOOD STAMPS AS OF THE FIRST DAY OF THE UPCOMING FISCAL YEAR. IF SO, DO NOT CONSIDER HER/HIM FOR WIC AUTHORIZATION.

3. CHECK WHETHER THE VENDOR HAS AN OUTSTANDING MONETARY CLAIM LEVELED AGAINST HER/HIM BY THE STATE WIC OFFICE. IF SO, DO NOT AUTHORIZE HER/HIM.

4. CHECK TO SEE IF ANY FOOD STORE IS A LOW-VOLUME WIC VENDOR. IF SO, YOU MAY DENY THE APPLICATION.

THE PRELIMINARY REVIEW

The purpose of the preliminary review is to make sure you have all the information you need to accurately assess the applicant, and to ascertain whether the vendor may be eliminated from further consideration due to low volume, Food Stamp disqualification, or an outstanding monetary claim made by the state WIC office.

1. Review all applications for completeness as soon as you receive them. If any part of an application is not filled out, or if the vendor does not meet the Mandatory Minimum, make a copy of the incomplete application and return the original to the vendor. Do not fill in any blanks on the application yourself.

   Tell the vendor s/he has until 4:00 pm on the 5th working day after receiving the application back to return the completed application to you, or it will be rejected.

IMPORTANT: Applicants must stock the Mandatory Minimum as of the date of application. Do not count as part of the Mandatory Minimum any foods which a store plans to carry if accepted by WIC.

2. Check with the state WIC office to make sure the vendor has not been disqualified from Food Stamps for a period extending past September 30. If s/he has, DO NOT consider him/her for WIC authorization.

3. If the state WIC office has notified you that the vendor has an outstanding monetary claim made against her/him, do not authorize the vendor.

4. If any food vendor applicant has redeemed fewer than 20 WIC vouchers in a given month, you may deny the vendor's application, taking into consideration participant need, if any, for access to this vendor.

5. Check the vendor's hours of operation. If they may cause problems for participants, contact the state WIC office for guidance.

If you have any other questions about the vendor's application (e.g., some information appears to be inaccurate), contact the state WIC office for guidance.

THE MANDATORY MINIMUM

TO RECEIVE WIC AUTHORIZATION, A VENDOR MUST CARRY EACH ITEM OF THE MANDATORY MINIMUM OF WIC FOODS.

The Mandatory Minimum guarantees that participants can purchase an entire voucher's worth of food from the vendor at any time, and that s/he will have choices when purchasing that food. The foods must also be fresh and in adequate supply.

There are Mandatory Minimum criteria for food vendors and for pharmacies. For copies, see the WIC Vendor Application Packet in the VENDOR APPLICATIONS section of this Procedure Manual.

Note that for infant formula, vendors must have on hand at all times at least one case each of Enfamil With Iron and Prosobee.

REVIEWING VENDOR APPLICATIONS FOR THE MANDATORY MINIMUM

1. Complete a FOOD VENDOR MANDATORY MINIMUM CHECKLIST for each food vendor. Copies of this form are sent directly to you by the state WIC office at the beginning of the vendor contracting period.

2. Complete a PHARMACY MANDATORY MINIMUM CHECKLIST for each pharmacy. Copies of this form are sent directly to you by the state WIC office at the beginning of the vendor contracting period.

3. If the food vendor or pharmacy does not meet all of the requirements of the Mandatory Minimum, the application is incomplete.

   SEE PRELIMINARY REVIEW OF VENDOR APPLICATIONS.

DETERMINING COMPOSITE PRICES

IN ORDER TO RECEIVE WIC AUTHORIZATION, VENDORS MUST HAVE COMPETITIVE PRICES.

DETERMINE A COMPOSITE PRICE FOR EACH QUALIFIED FOOD VENDOR AND PHARMACY APPLICATION, USING THE SHELF PRICES SUBMITTED ON THE APPLICATION.

IN ORDER FOR PRICE COMPARISONS TO BE ACCURATE, MAKE SURE ALL SHELF PRICES ARE FROM JULY 1.

RANK FOOD VENDORS AND PHARMACIES SEPARATELY, ACCORDING TO THEIR COMPOSITE PRICES. YOU MAY RANK VENDORS BY AREA WITHIN YOUR CATCHMENT AREA.

The composite price formula multiplies the prices of the most commonly purchased WIC foods by a weighting factor based on the volume of WIC sales for that food. Therefore, the composite price tells you each vendor's relative cost to WIC.

FOOD VENDORS

Use the "FOOD VENDOR COMPOSITE PRICE CALCULATION" worksheet to determine a composite price for each vendor that meets the preliminary qualifications outlined in the previous two sections. This form is sent to you by the state WIC office at the beginning of each contracting period.

Fill in the "FOOD VENDOR COMPOSITE PRICE CALCULATION" sheet with the information on the Food Vendor Price List submitted with the vendor's application.

1. VENDOR NAME AND LOCATION

2. LOCAL WIC PROGRAM

3. UNIT PRICE Fill in the price of the item in the quantity specified in the UNIT column:

   Juice — Add together the highest and lowest prices for 1 quart of orange juice in bottles or cartons, and divide by 2.

   Cheese — Multiply the package size at the top of each column (6 oz, etc.) by the number of prices filled in in that column. Fill in the total at the bottom of each column. Add the totals across to find the total number of ounces.

Add up all prices for each type of cheese and put the total in the right-hand column. Add up the totals in the right hand column and put the grand total at the bottom.

To get the average price per ounce, divide the total cheese price by the total number of ounces.

Cereal — Add up the number of ounces for all cereals with prices listed, and put the total at the bottom of the column.

Add all the prices listed in the next column and put the total at the bottom of the column.

To get the average price per ounce, divide the total price by the total ounces.

Milk — Add together the highest and lowest prices for 1 quart of whole milk and divide the total by 2.

Eggs — Write the price for 1 dozen Grade A large eggs.

Infant Formula — Write the price for a 13-ounce can of Enfamil With Iron.

Infant Cereal — Add together the highest and lowest prices for an 8 ounce package of infant cereal, and divide by 2.

Infant Juice — Add together the highest and lowest prices for a 4.2 ounce jar of infant juice, and divide by 2.

Peanut Butter — Add together the highest and lowest prices for an 18 ounce jar and divide by 2.

NOTE: If the vendor lists only one price because s/he only carries one brand, use that price for the average.

4. MULTIPLIER Multiply the unit price by this number.

5. TOTAL Write the result of the last step here, in dollars and whole cents. Round up any numbers of 1/2¢ or higher to the next cent, and round down any numbers less than 1/2¢.

6. GRAND TOTAL Add all totals.

7. RANK: ____ of ____ After you've completed a "FOOD VENDOR COMPOSITE PRICE CALCULATION" for each vendor, sort them by GRAND TOTAL, highest first, for each area specified in your Vendor Selection Plan. Then fill in the first blank with "1" (for the highest-priced vendor), "2" (for the second highest), etc.

   Fill in the second blank with the total number of vendors ranked (the same number on all sheets for each area).

8. Staff Signature/Title/Date

PHARMACIES

Use the "PHARMACY COMPOSITE PRICE CALCULATION" worksheet to determine a composite price for each pharmacy that meets the preliminary qualifications outlined in the previous two sections. This form is sent to you by the state WIC office.

Fill in the "PHARMACY COMPOSITE PRICE CALCULATION" sheet with the information on the Pharmacy Price List submitted with the vendor application.

1. VENDOR NAME AND LOCATION

2. LOCAL WIC PROGRAM

3. UNIT PRICE Fill in the prices given for each type of formula:

Enfamil With Iron	13 ounce concentrate
Enfamil With Iron	1 pound powdered
Enfamil With Iron	32 ounce ready-to-feed
Enfamil (Low Iron)	13 ounce concentrate
Prosobee	13 ounce concentrate
Prosobee	14 ounce powdered
Nutramigen	1 pound powdered

4. MULTIPLIER Multiply the unit price by this number.

5. TOTAL Write the result of the last step here, in dollars and whole cents. Round up any numbers of 1/2¢ or higher to the next cent, and round down any numbers less than 1/2¢.

6. GRAND TOTAL Add all totals.

FOOD CO-OPS

Since food co-ops normally have different prices for members and non-members, have them submit separate price lists for members and non-members and use the average of these prices to determine the composite price.

This formula is based on the assumption that half of the co-op's WIC customers are members. If the co-op can show that more than 50% of their WIC customers are working members (and therefore, WIC prices will be lower), have them submit documentation to you and weight the two price lists accordingly.

HOME DELIVERY

For purposes of composite price calculation, consider Home Delivery applicants as a separate category and rank them against each other only.

PRE-SELECTION VENDOR REVIEWS

CONDUCT AN ON-SITE REVIEW OF ALL NEW APPLICANTS BEFORE SELECTING THEM AS WIC VENDORS. GIVE THEM 5 DAYS TO CORRECT ANY PROBLEMS.

ALSO VISIT ANY STORES PREVIOUSLY AUTHORIZED WHERE YOU SUSPECT PROBLEMS SUCH AS FALSE PRICES ON THE APPLICATION.

Use the "VENDOR REVIEW FORM" included in the Originals Packet for pre-selection reviews.

** If you discover that the vendor has provided false information on the application, contact the state WIC office for guidance.

** If you find problems whose points add up to a Sanction Score of 10 or more, notify the vendor that the problems must be corrected in 5 days or the application will be denied; then visit the store to verify if the situation is corrected. If not, deny the application.

** If you find problems meriting a Sanction Score below 10, notify the vendor of the problems, accept the application, and continue to monitor the vendor's performance.

SPECIAL VENDOR SELECTION SITUATIONS

FOLLOW GUIDELINES FOR SPECIAL VENDOR SELECTION SITUATIONS IF:

1. YOU ARE A BOSTON PROGRAM AND PART OF A COLLECTIVE SELECTION PROCESS
2. YOU NEED HOME DELIVERY TO SERVICE RURAL PARTICIPANTS
3. YOUR AREA IS UNDER-SERVED BY VENDORS AND YOU NEED TO RE-OPEN THE APPLICATION PROCESS
4. THE OWNERSHIP OR LOCATION OF AN AUTHORIZED VENDOR CHANGES.

In all the situations listed above, the the application process is the same and you use the standard applications and letters, but the selection procedure varies. See the following sections for details.

BOSTON VENDORS

SOME BOSTON PROGRAMS WORK COLLECTIVELY ON SELECTING AND AUTHORIZING VENDORS.

If your catchment area includes certain parts of Boston, you may meet with other Boston program directors to jointly select vendors and to define the area within which this will take place.

Each program accepts applications and prepares composite prices, and then all programs meet to rank prices for vendors within the defined area and to select vendors to be authorized. They also allocate responsibilities for educating vendors, signing vendor agreements and monitoring.

HOME DELIVERY

AUTHORIZE HOME DELIVERY VENDORS ONLY IN RURAL AREAS AND ONLY IF:

- FOOD VENDORS ARE INACCESSIBLE OR DIFFICULT FOR PARTICIPANTS TO USE
- YOU HAVE THE RESOURCES TO MONITOR HOME DELIVERY SERVICES.

AUTHORIZED HOME DELIVERY VENDORS MAY NOT PROVIDE SERVICES IN URBAN AREAS.

Authorize home delivery services only in rural areas and only in areas where participants have difficulty using authorized stores.

HOME DELIVERY PROCEDURES

In home delivery, participants make arrangements with a home delivery service to deliver WIC foods throughout the month, instead of purchasing them at an authorized vendor.

DETERMINING NEED FOR HOME DELIVERY

Since federal regulations require much more extensive monitoring of home delivery services than stores, give first preference to stores wherever possible, unless there is a specific need for home delivery in a certain area.

Base your decision on whether participants will face hardship in using stores and whether you have the resources to monitor home delivery services. See the section on HOME DELIVERY MONITORING for more information.

RE-OPENING VENDOR APPLICATIONS

RE-OPEN THE VENDOR APPLICATION AND SELECTION PROCESS ONLY WITH WRITTEN PERMISSION FROM THE STATE WIC OFFICE.

If you cannot meet your vendor needs as you have stated them in your selection plan, you may re-open your area (or part of your area) for vendor applications if:

- You have received an insufficient number of applications from qualified vendors,
- You originally selected enough vendors to participate, but some of those vendors are no longer authorized (for example, vendors that have gone out of business or been disqualified from the WIC Program), or
- Your caseload has changed so that your original vendors no longer effectively serve your participants.

RE-OPENING YOUR AREA FOR VENDOR APPLICATIONS

1. Write a letter to the state WIC office requesting permission to re-open applications for an underserved area. Include an estimate of the number of vendors needed to adequately serve this area, according to your vendor selection plan.
2. Establish a new deadline for accepting applications, have it approved by the state WIC office, and follow standard application and selection procedures.
3. Notify previously rejected vendors that they may apply again if they have corrected previous problems.
4. Use a variety of means to contact potential WIC vendors in your community so that you receive enough applications to meet your program's needs.

CHANGE IN VENDOR OWNERSHIP OR LOCATION

IF A CURRENTLY AUTHORIZED VENDOR CHANGES OWNERSHIP OR LOCATION DURING A WIC AUTHORIZATION PERIOD, HIS/HER AUTHORIZATION IS NO LONGER VALID

CONTACT THE STATE WIC OFFICE IF YOU WISH TO WAIVE THIS REQUIREMENT.

The WIC Vendor Agreement states that the vendor is required to give you thirty days written notice prior to a change in the ownership or location of the business.

If the vendor's new owner or owner of new location applies for WIC vendor authorization in the middle of the contract year, you may grant authorization using the procedure below. The new vendor's authorization begins on the date that you sign the agreement, and lasts until the end of the contract year.

Visit all stores with new owners or new locations before you authorize them.

APPLICATION AND SELECTION FOR A NEW OWNER

1. Retrieve the stamp from the previous owner and mail it back to the state WIC office within one week.

2. Order a stamp for the new vendor (or applicant) as early as possible to avoid delays.

3. Give the new vendor a Vendor Application Packet. At the beginning and end of the price list, change the date to the one on which you wish the price list to be completed. Revise the "ACTUAL SHELF PRICES" date at the bottom of the application.

4. Have the vendor review the application packet and fill out the application completely.

5. Visit the vendor, check prices, and complete a "VENDOR REVIEW FORM".

6. Compute a Composite Price for the new vendor and for the previous vendor's most recent quarterly price list.

7. If the new vendor's prices are comparable, you may authorize her/him for participation in the WIC Program. If in doubt, compare the applicant's price list to those of current vendors.

8. If the prices have increased significantly, you are not required to authorize the store. If this leaves the area underserved, consider re-opening the application process.

APPLICATION AND SELECTION FOR A NEW LOCATION

** Decide whether the new location is consistent with the requirements of your Vendor Selection Plan. Consult with the state WIC office if you are not sure.

- o If the answer is yes, follow steps 3-8 above. If the vendor is authorized, s/he may continue to use the same stamp. Submit a Type 2 input to change the address. If the vendor is not authorized, make sure you retrieve the stamp promptly and mail it back to the state WIC office within one week of denial of re-authorization.

- o If the answer is no, retrieve the stamp from the vendor and return it to the state WIC office within one week of learning the new location. If this leaves the area underserved, consider re-opening the application process.

VENDOR ACCEPTANCE AND REJECTION

NOTIFY EACH APPLYING VENDOR OF HER/HIS ACCEPTANCE OR REJECTION BY THE END OF AUGUST.

MAKE SURE ACCEPTANCE AND REJECTION LETTERS ARE POSTMARKED BY THE DEADLINE FOR NOTIFICATION.

SEND LETTERS OF ACCEPTANCE OR REJECTION BY CERTIFIED MAIL, OR HAND-DELIVER THEM AND OBTAIN A RECEIPT.

KEEP ONE COPY OF EACH ACCEPTANCE OR REJECTION LETTER IN THE VENDOR'S FILE.

EXPLAIN TO REJECTED APPLICANTS THE REASON FOR REJECTION.

Send a "VENDOR ACCEPTANCE LETTER" or a "VENDOR REJECTION LETTER" to each vendor from whom you received an application.

If you mail acceptance and rejection letters, make sure they are postmarked by the deadline for notification of acceptance. If you hand-deliver them, make sure you deliver them on or before the deadline.

Keep a copy of all acceptance and rejection letters in the vendor's file.

See OFFICE VENDOR FILES for more information.

Send a copy of all letters to the state WIC office by September 7. (The state WIC office will not issue a Vendor Authorization Stamp for any vendor for whom they have not received an acceptance letter.)

ACCEPTANCE LETTERS

If a pharmacy has applied as both a pharmacy and a food vendor and you are accepting them as a pharmacy but denying their food vendor application, make it clear in their acceptance letter that they are only authorized as a pharmacy and may only accept vouchers for foods other than infant formula.

REJECTION LETTERS

Indicate in the rejection letter all the reasons for which you rejected the vendor's application. Many vendors request Fair Hearings because they do not understand the reason for denial. Taking the time to carefully explain the reason(s) for denial helps to maintain good community relations and to avoid unnecessary Fair Hearings, especially when the reason for rejection is an issue related to price or to the Vendor Selection Plan.

THE WIC VENDOR STAMP

THE WIC VENDOR STAMP IS A RUBBER STAMP BEARING A 4-DIGIT NUMBER IDENTIFYING THE VENDOR.

EVERY VENDOR MUST RECEIVE A NEW VENDOR STAMP EVERY YEAR.

ONLY CURRENTLY AUTHORIZED WIC VENDORS WITH A VALID WIC VENDOR AGREEMENT ARE ALLOWED TO HAVE A WIC VENDOR STAMP.

- COLLECT OLD VENDOR STAMPS FROM VENDORS NOT AUTHORIZED FOR THE NEW FISCAL YEAR BY OCTOBER 1. THEY ARE NOT ALLOWED TO ACCEPT VOUCHERS AFTER SEPTEMBER 30.

- COLLECT OLD VENDOR STAMPS FROM VENDORS AUTHORIZED FOR THE NEW FISCAL YEAR AT THE VENDOR AUTHORIZATION AND EDUCATION SESSION, AND DISTRIBUTE NEW VENDOR STAMPS THEN.

ISSUE ONLY ONE STAMP PER VENDOR. ISSUE THE SAME VENDOR NUMBER TO AN AUTHORIZED VENDOR WHOSE AGREEMENT IS STILL VALID OR WHO RECEIVES A NEW WIC AGREEMENT.

DO NOT ISSUE ANY VENDOR STAMP WITHOUT NOTIFYING THE STATE OFFICE. FAILURE TO NOTIFY THE STATE OFFICE WILL RESULT IN THE REJECTION OF VOUCHERS AT THE WIC BANK.

RETURN OLD VENDOR STAMPS AND NEW UNUSED STAMPS TO THE STATE WIC OFFICE BY OCTOBER 7 OF EACH YEAR.

The WIC Vendor Stamp is a rubber stamp bearing a 4-digit number that identifies a vendor and allows her/him to validate WIC vouchers for deposit in the bank. Vouchers are invalid unless stamped with a vendor stamp.

The vendor stamp makes it possible to determine which vendor redeemed a particular voucher. The first two digits identify the local WIC program holding the agreement with the vendor, and the last two digits identify the individual vendor.

Vendors are allowed to keep and use each vendor stamp only for one year during the period of their WIC Vendor Agreement. Collect the stamp at the end of each year, or when the vendor is no longer authorized to participate in the WIC Program.

Each year the state WIC office issues a re-designed WIC vendor stamp to guarantee that vendors not authorized for the new fiscal year will not be reimbursed for vouchers submitted beyond the expiration date of their former WIC agreement.

COLLECTING OLD VENDOR STAMPS

Send each vendor that does not receive WIC authorization for the upcoming fiscal year a "RETURN OF STAMP LETTER".

Vendors have until the close of business on October 1 to return their old Vendor Stamps to your office. If the stamp is not returned by that time, visit the vendor to retrieve the stamp. Consult the state WIC office if you have difficulty obtaining the stamp promptly.

Return old stamps to the state WIC office by October 7 of each year.

ISSUING NEW VENDOR STAMPS

1. Assign the last two digits of the vendor number according to these codes:

01-59	Food stores
60-69	Home delivery
70-99	Pharmacies

2. Make sure the vendor signs the "VENDOR STAMP RECEIPT".

3. Submit vendor input (on a diskette) with the vendor identification number corresponding to the number of the actual stamp issued.

4. For all vendor stamps you issue after October 1, notify the state WIC office immediately by telephone.

5. Vendors may begin to use their new stamps as soon as they receive them.

ISSUING REPLACEMENT VENDOR STAMPS

1. If a vendor stamp becomes damaged so that the imprint is affected, request a new stamp with the same number from the state WIC office and issue it to the vendor in exchange for the old one.

2. If a stamp is lost, notify the state WIC office immediately so that vouchers bearing that stamp number can be stopped at the bank. Request a new stamp with a new number from the state WIC office and issue it to the vendor. Terminate the old record in the masterfile and submit new input with the new stamp number.

VENDOR AUTHORIZATION

TO AUTHORIZE A VENDOR FOR PARTICIPATION IN THE WIC PROGRAM:

1. CONDUCT A VENDOR AUTHORIZATION AND EDUCATION SESSION TO
   - EDUCATE THE VENDOR ABOUT THE WIC PROGRAM
   - EXPLAIN THE WIC FOODS
   - REVIEW AND SIGN THE WIC VENDOR AGREEMENT (OR AMENDMENTS, IF ANY)
   - COLLECT THE OLD VENDOR STAMP
   - ISSUE A NEW VENDOR STAMP
2. REGISTER THE VENDOR WITH THE STATE WIC OFFICE.

Vendors are not allowed to participate in the WIC Program until you formally authorize them.

Train all vendors annually, even though they have a three-year agreement.

Careful vendor education can be your best protection against vendor abuse. Vendors are less likely to have problems if they know the purpose and intention of the WIC Program and if they understand the procedures necessary for managing WIC. Use the vendor authorization period as an opportunity for extensive vendor education.

THE VENDOR AUTHORIZATION AND EDUCATION SESSION

Once you approve a vendor for participation in the WIC Program, schedule an authorization and education session for her/him.

Conduct this session before the first day of the authorization period. Use the Vendor Agreement to train vendors in WIC policies and procedures.

You may hold individual authorization sessions for each vendor, or see vendors in a group. You may include vendor employees such as head cashiers in your authorization and education sessions so that they receive complete and accurate instructions on WIC procedures.

When scheduling the session, remind the vendor that you will collect the old vendor stamp at that time.

Planning The Session

If possible, hold education and authorization sessions for new vendors in the WIC office or clinic so that they can see WIC's role as a health care program. You may also conduct the education session at the vendor's place of business.

Arrange for an interpreter if you cannot comfortably speak the primary language of any vendors. It is important that the vendors understand the contents of the Vendor Agreement and the mechanics of WIC.

During The Session

1. Describe the WIC Program and explain its role in your community.

2. Explain the WIC foods, including why some foods are authorized on the program and others are not. Explain the participant's options in selecting her/his food.

3. Carefully review the Vendor Agreement, sign it, and have the vendor sign it. Keep the original for your files; either sign another original for the vendor or give her/him a copy.

4. Retrieve the old vendor stamp and issue the new one, explaining its proper use. Make sure the vendor signs a "VENDOR STAMP RECEIPT".

5. Explain procedures for reimbursement of vouchers over $30.00, vouchers with altered prices, and vouchers rejected by the bank. See the SPECIAL PRESCRIPTION FORMULAS and VENDOR REIMBURSEMENTS sections of this Procedure Manual for more information on vendor reimbursements.

6. Answer any questions or discuss any problems the vendor may have.

You may also include additional activities such as the true/false quiz, a review of an enlarged WIC voucher, the WIC slide show or filmstrip, or discussions about common problem areas.

Make sure that vendors have adequate supplies of the cashier card; if not, provide additional copies.

After The Session

Send a vendor input form to the state WIC office promptly. See the REGISTERING VENDORS section in this Procedure Manual for more information.

WIC

VENDOR AGREEMENT

INCLUDING SANCTION POLICY

FISCAL YEARS 1990 - 1991

October 1, 1989 - September 30, 1991

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
WIC DIVISION

SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

MASSACHUSETTS WIC PROGRAM

(SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN)

WIC VENDOR AGREEMENT: FISCAL YEARS 1990-91

WHEREAS, the Local WIC Agency named on page ten of this agreement has entered into an agreement with the Massachusetts Department of Public Health to participate in the Special Supplemental Food Program for Women, Infants, and Children (WIC Program) sponsored by the United States Department of Agriculture (USDA) under regulations which are published in the Federal Register, and the Local WIC Agency has charged the Local WIC Program with providing services;

WHEREAS, the Local WIC Agency and Local WIC Program named on page ten of this agreement act as authorized representatives of the Massachusetts WIC Program (State WIC Office);

WHEREAS, the Vendor named on page ten of this agreement is a retail food outlet or pharmacy qualified to provide supplemental foods authorized by the Massachusetts WIC Program ("WIC foods") to eligible persons participating in the WIC Program, and their authorized representatives (both hereinafter referred to as "WIC participants");

NOW, THEREFORE, this agreement is made by and between the Vendor and the Local WIC Program, which mutually agree to the following provisions:

THE VENDOR AGREES TO:

	SANCTION SCORE*
1. Accept annual training of the store manager or an authorized representative on WIC procedures;	10
2. Train all staff handling WIC vouchers in correct WIC procedures;	5
3. Be accountable for the actions of all employees in WIC transactions;	-
4. Provide WIC foods to WIC participants in accordance with Federal and state requirements:	
a. Provide the WIC foods only at the site of the Vendor; for home delivery vendors, only in areas specified by the Local WIC Program at the end of this agreement;	3
b. Never demand that WIC participants purchase the full amount of WIC foods authorized on the front of the WIC voucher;	2
c. Allow up to the full amount of WIC food specified on the voucher;	5
d. Never limit WIC participants in their choices of WIC foods (e.g., never allow only an expensive brand of orange juice);	2
e. Never substitute one WIC food for another (e.g., evaporated milk for infant formula);	2
f. Never substitute non-eligible food for WIC food;	5
g. Never substitute cigarettes, alcoholic beverages, or other non-food items for WIC food;	10

* The Sanction Score is specified for each violation of the vendor's responsibilities, and explained in the Sanction Policy section.

		SANCTION SCORE
h.	Never provide cash or credit for all or part of a WIC voucher, or for returned WIC foods;	10
i.	Insure that WIC foods are fresh and are sold to WIC participants before the expiration date for those foods;	3
j.	Insure an adequate supply of all of the Mandatory Minimum of WIC foods, as indicated in the Vendor Application Packet, or in subsequent written notice to vendors from the Massachusetts WIC Program, so that WIC participants may use their WIC vouchers at any time that the Vendor is open for business;	4
k.	If the Vendor is a pharmacy, insure that WIC participants can receive within 48 hours any authorized infant formula not usually stocked by the pharmacy;	4
l.	If the vendor is a pharmacy which has not been authorized as a food vendor, accept vouchers for infant formula only;	4
m.	Never provide WIC participants with rainchecks or other similar receipts for unavailable WIC foods;	3
n.	If the Massachusetts WIC Program specifies a brand of infant formula on WIC vouchers, the vendor agrees not to substitute another brand of infant formula;	4

5. Follow the WIC voucher acceptance procedures established by Federal and state requirements:

		SANCTION SCORE
a.	Never accept a voucher from anyone other than a WIC participant;	6
b.	Never accept a WIC voucher before the "not good before" date printed on the voucher;	2
c.	Never accept a WIC voucher after the "not good after" date on the voucher;	2
d.	Accept only WIC vouchers stamped with the "Mass. WIC" stamp;	1
e.	Accept only WIC vouchers that have been presigned once by the WIC participant;	5
f.	Never accept a voucher already signed and countersigned;	3
g.	Insure that the signature and countersignature on the WIC voucher match, although the name of participant and the signature name may be different;	2
h.	Never demand identification or a telephone number from a WIC participant;	1
i.	Never accept a WIC voucher on which the name, date, food message or signature has been altered in any way;	4
j.	Never accept a WIC voucher in payment for credit or a charge account;	8

6. Follow WIC voucher pricing procedures as established by Federal and state requirements:

	SANCTION SCORE
a. Write in the space provided a price no higher than the actual shelf price of only those food items authorized by the WIC voucher and purchased by the WIC participant;	10
b. Price each voucher for actual foods purchased, not by voucher type;	10
c. Write the price on the WIC voucher in ink;	2
d. Never add a service charge to the price of the voucher;	8
e. Accept store's or manufacturer's coupons for WIC foods, and deduct their value before writing the price on the voucher;	3
f. Fill in the WIC voucher price only in the presence of the WIC participant and after the participant has obtained the WIC foods;	5
g. Insure that the WIC participant countersigns the WIC voucher only after the vendor personnel fills in the WIC voucher price;	4
h. Never charge WIC participants for foods purchased with WIC vouchers;	8
i. Never charge WIC participants for service charges on WIC vouchers;	5
j. Never charge WIC participants for bank charges incurred on non-reimbursable or rejected WIC vouchers;	5
k. Never seek restitution from WIC participants for vouchers not paid by the Massachusetts WIC Program;	5

7. Use the WIC Vendor Stamp according to state requirements:

	SANCTION SCORE
a. Use only the WIC Vendor Stamp issued by the Local WIC Program;	10
b. Use the WIC Vendor Stamp only on those WIC vouchers used at the Vendor's place of business by WIC participants for WIC foods;	10
c. Stamp the WIC vouchers with the WIC Vendor Stamp only after the WIC participant has countersigned them;	2
d. Stamp each WIC voucher with the WIC Vendor Stamp in the appropriate space on the front of the voucher prior to depositing it into the Vendor's bank;	1
e. Insure that the WIC Vendor Stamp imprint is legible;	1
f. Take appropriate measures to safeguard the WIC Vendor Stamp from misuse or use by unauthorized personnel;	5
g. Return the WIC Vendor Stamp to the Local WIC Program, or State WIC Office if requested, immediately upon termination or expiration of this agreement or disqualification from the WIC Program;	-
h. Return the WIC Vendor Stamp for a new stamp in September of 1990;	-
i. Never use a WIC Vendor Stamp which was reported lost or stolen;	1

8. Redeem WIC vouchers according to Federal and state requirements:

	SANCTION SCORE
a. Endorse all WIC vouchers submitted for payment on the back of the vouchers either by signature or with the vendor's endorsement stamp used for deposit at the Vendor's bank;	2

	SANCTION SCORE
b. Never submit for payment at the Vendor's bank any WIC voucher that has been altered in any way; any such vouchers must be submitted directly to the State WIC Office with an explanation of the alteration;	3
c. Never submit for payment at the Vendor's bank any WIC voucher priced over the limit printed on the voucher; any vouchers which legitimately exceed the limit must be submitted directly to the State WIC Office;	3
d. Submit for payment only those WIC vouchers stamped with the WIC Vendor Stamp;	1
e. Submit WIC vouchers for payment only at the Vendor's bank as identified in the Vendor's application or in a written notice submitted to the State WIC Office, or at the Local or State WIC Program upon request;	3
f. Submit WIC vouchers for payment at the Vendor's bank within sixty (60) days of the "not good before" date printed on the front of the voucher, or within eighty-nine (89) days if the voucher has been previously rejected from the WIC bank;	1
g. Notify the State WIC Office immediately in writing of any change in the name of bank or account number where WIC vouchers are deposited;	3

9. Comply with the administrative requirements of the Massachusetts WIC Program, including but not limited to those set forth below:

	SANCTION SCORE
a. Treat WIC participants with courtesy;	2
b. Never demand that WIC participants use a separate checkout line;	2
c. Keep all information on WIC participants confidential;	3
d. Never discriminate against WIC participants on the basis of race, color, national origin, creed, political beliefs, age, sex, or handicap;	3
e. Submit to the State WIC Office, or Local WIC Program on request, actual shelf prices of the authorized WIC foods: November 1 prices must be received at the State WIC Office by 11/8/89 and 11/8/90; March 1 prices by 3/8/90 and 3/8/91; July 1 prices by 7/16/90 and 7/15/91;	4
f. Comply with all Federal, State and Local laws and regulations pertaining to the disclosure of prices for any items offered for sale; for vendors located in Massachusetts, this includes but is not limited to 940 CMR 3.13(1)(a) which states: "It is an unfair and deceptive act or practice for any person subject to this act to fail to affix to any goods offered for sale to the public the price at which the goods are to be sold";	7
g. Report to the Local WIC Program any irregularities in the use of WIC vouchers by WIC participants;	1
h. Cooperate with Federal, State, and Local WIC Program personnel during announced and unannounced on-site Vendor reviews and audits; these may include reviews of all WIC vouchers at the site of the Vendor;	10
i. Provide the WIC Program with purchase invoices from wholesalers (dated with names and addresses of suppliers), or with other invoices or records, including shelf price records and records of cash receipts for food sales, when requested;	10
j. For home delivery vendors, permit WIC staff to ride trucks to observe WIC-related procedures;	10
k. For home delivery vendors, maintain records of delivery of such foods and payments received for three years;	5
l. Maintain a current registration certificate issued by the local board of health in a location visible to Local WIC Program personnel, if the Vendor is a retail food outlet;	5

m.	Comply with all other Federal, State and Local requirements for retail food sales (e.g. business registration);	10
n.	Maintain premises, including home delivery trucks, in a sanitary condition;	5
o.	Comply with the nondiscrimination provisions of U.S. Department of Agriculture regulations (7 CFR Parts 15, 15a and 15b);	3
p.	Never knowingly accept stolen WIC vouchers;	10
q.	Never participate in an activity of questionable business integrity (such as trafficking of drugs or the passing of stolen goods);	10
r.	Comply with requirements of any other USDA Food and Nutrition Service program (such as Food Stamp Program) in which Vendor participates;	10
s.	Provide only correct information on the WIC Vendor application, Vendor Agreement, and all vendor price lists;	10
t.	Make timely payment of any funds due to the WIC Program.	10

THE LOCAL WIC PROGRAM AGREES TO:

1. Provide training to WIC participants in the proper use of WIC vouchers;
2. Provide assistance to the Vendor as requested on dealing with any irregularities in the use of WIC vouchers by WIC participants;
3. Notify WIC participants that the Vendor is authorized to accept WIC vouchers;
4. Provide guidance to the Vendor concerning the authorized WIC foods and applicable guidelines and instructions, including, but not limited to:
    a. Training the Vendor in Massachusetts WIC Program procedures as necessary;
    b. Transmitting pertinent information, including any changes in the Federal regulations and/or Massachusetts WIC Program procedures that may affect the Vendor.

GENERAL PROVISIONS:

1. This agreement may be amended at any time upon mutual written consent of the parties and incorporated by reference herein.
2. This agreement is null and void if the Vendor ceases operations or changes name, location or ownership unless the Massachusetts WIC Program, in its discretion, determines otherwise. The Vendor must give thirty (30) days prior written notice to the Local WIC Program if the Vendor intends to cease operations or change name, location or ownership.
3. If the Local Agency or Local WIC Program ceases operations or ceases to have WIC responsibility for the area in which the Vendor is located, the Local Agency or Local WIC Program must give thirty (30) days prior written notice to the Vendor. In such cases, this agreement may, at the option of the Massachusetts WIC Program, be assigned to the Local WIC Program and Local Agency which subsequently assume responsibility for that area, and the Vendor shall be notified in writing of such assignment. Unless this agreement is so assigned by the Massachusetts WIC Program, it shall become null and void when the Local Agency or Local WIC Program ceases operations or ceases to have WIC responsibility for that area.
4. This agreement may be terminated by mutual consent with 30 days prior written notice between parties.
5. This agreement may be terminated for cause by the Massachusetts WIC Program or the Vendor with 15 days prior written notice. The Vendor Sanction Policy below sets forth the procedures by which the Massachusetts WIC Program may terminate this agreement for program abuse.
6. Neither the Local WIC Program nor the Vendor has an obligation to renew this agreement.
7. This agreement may be terminated if the Vendor redeems fewer than 20 WIC vouchers in a given month.

8. If the Vendor's prices increase over the prices submitted in the a
and such increase is not due to the inflation rate and/or other le
Massachusetts WIC Program may terminate this agreement with 30 days prior written notice. During the 30 days the Vendor may demonstrate that the prices have been lowered to an acceptable level, in which case the agreement will not be terminated.

9. The Massachusetts WIC Program may deny payment to the Vendor, demand refunds for payments already made to the Vendor, or offset future payments to the Vendor, for WIC vouchers used contrary to the terms of this agreement and for altered WIC vouchers.

10. The Vendor may not recover from the Massachusetts WIC Program bank charges incurred as a result of the Vendor's violation of any part of this agreement.

11. The Massachusetts WIC Program may designate the Vendor as "High Risk" according to a state-wide standard protocol. If the Vendor has been designated as "High Risk" the Massachusetts WIC Program may require the Vendor to submit WIC vouchers directly to the State WIC Office or a Local WIC Program for payment.

12. The WIC Vendor Stamp issued to the Vendor by the Local WIC Program is the property of the Massachusetts WIC Program.

13. A Vendor that commits fraud or abuse of the WIC Program shall be liable for prosecution under applicable Federal, State and Local laws. Those who have willfully misapplied, stolen or fraudulently obtained WIC funds shall, if such funds are of the value of $100 or more, be fined not more than $10,000 or imprisoned not more than five years, or both; or if such funds are of a value of less than $100, shall be fined not more than $1,000 or imprisoned for not more than one year, or both.

14. The Massachusetts WIC Program may report the Vendor's WIC sales to the Internal Revenue Service or other Federal or state agencies.

15. If the Vendor fails to comply with any provision of this agreement, or violates any part of the Federal regulations, the Vendor shall be disqualified or sanctioned in accordance with the Massachusetts WIC Program Vendor Sanction Policy which is a part of this agreement.

16. The Vendor has the right to appeal disqualification from the WIC Program or any other adverse action by the WIC Program which affects participation during the period of this agreement by requesting a fair hearing in writing from the Massachusetts WIC Program, Department of Public Health, 150 Tremont Street, 3rd floor, Boston, MA 02111. Such request must be received by the Department of Public Health within 30 days from the date the Vendor receives notice of the disqualification or other adverse action. Expiration of this agreement is not subject to appeal.

17. Pursuant to 7 CFR Section 278.1(o)(1), if the Vendor is disqualified from the WIC Program due to abuse of the Program as specified in this Agreement, the Vendor will be subject to withdrawal of Food Stamp Program authorization.

18. Signing of this agreement constitutes representation by both parties that there is no conflict of interest between the Local Agency and/or Local Program and the Vendor.

19. This agreement is subject to change in accordance with any changes in Federal and State requirements governing the WIC Program.

SANCTION POLICY

1. Types of Vendor Abuse and Sanction Scores

Violation of the rules, regulations, policies and procedures governing the Massachusetts WIC Program, including, but not limited to, Federal regulations and the Massachusetts WIC Vendor Agreement, constitutes abuse of the WIC Program.

Abuse of the WIC Program includes both a Vendor's (1) intentional violations and (2) unintentional violations due to lack of information, error, or oversight.

There are six main categories of vendor abuse, which correspond to sections 4 through 9 of the Vendor's responsibilities as defined above: food provision abuse, voucher acceptance abuse, voucher pricing abuse, vendor stamp abuse, voucher redemption abuse, and administrative abuse. The Sanction Score for each instance of abuse in these six categories is given above. The procedures for applying sanctions to the vendors which abuse the program are explained below.

Each type of abuse carries a score based on the relative impact of the abuse on WIC participants and on the integrity of the WIC Program. Scores range from one (1) for less serious abuses to ten (10) for very serious abuses such as overcharging for WIC vouchers.

2. Verification of Vendor Abuse

Prior to sanctioning a Vendor for abuse of the WIC Program, the Local WIC Program or the State WIC Office must verify the existence of the abuse. Verification methods include participant complaints, vendor reviews, compliance purchases, visual inspection of redeemed WIC vouchers, analysis of redeemed WIC vouchers, and review of data from other sources.

a. Participant Complaints

To verify Vendor abuse through participant complaints, three separate WIC participants must complain of the same abuse by the same Vendor, for one instance of documented abuse.

The WIC participant must write or dictate the complaint. The language used in the complaint must be the actual words of the WIC participant. A summation or notation by a WIC staff member is not sufficient documentation, but may be attached for clarification. The WIC participant may choose to leave the complaint unsigned.

The Local WIC Program director or designated staff member must sign the complaint, and indicate the time and date of receipt in order to attest to the fact that a current WIC participant (or authorized representative) made the complaint freely and in good faith.

A Local WIC Program may send a warning letter to a Vendor based on one or more participant complaints.

After receiving one or more participant complaints, a Local WIC Program may also choose to initiate further actions, such as a Vendor review or a request to the State WIC Office for a compliance purchase or other monitoring.

b. Vendor Reviews

A Vendor review is an on-site monitoring visit made by local or state WIC staff to the Vendor's premises. It may include review of physical evidence (such as Mandatory Minimum foods or vouchers) and observation of WIC procedures. It may be scheduled or unannounced, and must be documented by a written, signed report of the reviewer's findings.

c. Compliance Purchases

In a compliance purchase, a person who is not a WIC participant poses as a WIC participant and makes a purchase with WIC vouchers.

A compliance "buyer" may be a State WIC staff member, an authorized investigator from the U.S. Department of Agriculture, or an independent investigator hired by the State WIC Office. The compliance "buyer" receives instructions from the State WIC Office on procedures for the compliance purchase.

The compliance "buyer" records the compliance purchase on an investigation report.

d. Review of Redeemed WIC Vouchers

Redeemed WIC vouchers are reviewed every day at the central WIC bank, visually and by computer.

e. Analysis of Redeemed WIC Vouchers

At intervals throughout the year, the Massachusetts WIC Program reviews and analyzes redeemed WIC vouchers. Using both computerized and manual statistical analysis techniques, the WIC Program identifies those Vendors that exhibit patterns of abusive pricing and redemption.

f. Review of Data From Other Sources

The Massachusetts WIC Program shares information with the Food and Nutrition Service of the United States Department of Agriculture on Vendors' violations of Food Stamp and WIC Program regulations. In addition, the Massachusetts WIC Program cooperates with the Massachusetts Office of the Inspector General, the Attorney General's office, and other law enforcement agencies to monitor Vendors' business activities, and may rely on evidence from these sources as verification that abuse is occurring.

Information which documents that a Vendor's application was inaccurate is also evidence of abuse.

3. Calculation of a Vendor's Total Sanction Score

a. Sanction Scores for Multiple or Repeated Abuses

If a Vendor commits more than one documented type of abuse of the WIC Program, or commits an abuse more than once, the Vendor's total cumulative Sanction Score is the sum of the Sanction Scores for each instance of a violation.

The Sanction Score as specified above will be applied for each instance of a violation. An instance of a violation is defined as one isolated event or multiple occurrences of the same violation at a single point in time, such as multiple vouchers with the same violation submitted for payment on the same day.

b. Duration of Sanction Scores

A sanction score shall remain in effect for two years from the date of the violation.

4. Types of Sanctions

The Massachusetts WIC Program may apply a variety of sanctions to vendors. Sanctions consist of: (a) rejecting redeemed WIC vouchers, (b) warning letters, (c) Sanction Scores, (d) determination as a High Risk Vendor, (e) disqualification, (f) monetary claims, and (g) judicial actions.

a. Rejecting Redeemed WIC Vouchers

The Massachusetts WIC Program may refuse payment to the Vendor for any redeemed WIC vouchers submitted in violation of the Vendor Agreement. The Program may also at its discretion reduce payment on vouchers submitted with excessive prices.

The Massachusetts WIC Program will not be liable for any bank fees that the Vendor may incur for such vouchers rejected and returned from the bank.

b. Warning Letters to the Vendor

The Local WIC Program or Massachusetts WIC Program may send a formal written warning to the Vendor whenever it appears or is documented that the Vendor is abusing the WIC Program.

c. Notification of Sanction Scores

The Massachusetts WIC Program will send the Vendor a formal notification of any documented abuse(s) of the WIC Program for which a Sanction Score has been assigned to the Vendor. A Sanction Score may be assigned without a prior warning letter.

d. Designation as a High Risk Vendor

The Massachusetts WIC Program may designate as a "High Risk Vendor" any Vendor whose history of compliance with the WIC Program indicates that the Vendor may commit further abusive activity. For example, if the WIC Program waives the disqualification of a Vendor (see below), that Vendor may become a High Risk Vendor.

The Massachusetts WIC Program may also use an analysis of redeemed WIC vouchers (see above) to determine whether to designate a Vendor as a High Risk Vendor.

The WIC Program will carefully monitor a High Risk Vendor's continued participation in the WIC Program.

At the discretion of the State WIC Office, the WIC Program may require the High Risk Vendor to submit WIC vouchers directly to the State WIC Office or Local WIC Program for redemption, rather than to the Vendor's usual bank of deposit.

e. Disqualification or Denial of Application

The Massachusetts WIC Program may disqualify a Vendor from the WIC Program or deny a Vendor's application if that Vendor reaches a Sanction Score of ten (10) points. These ten points may come from one single serious abuse, from a combination of less serious abuses,

or from abuses occurring at different times. Denial of an app based on the Sanction Score which would be in effect on the fi for which an agreement has been requested.

The Massachusetts WIC Program may also disqualify or deny the application of a Vendor committing any abuse carrying a Sanction Score of one (1) or more if the Vendor has received three or more formal written warnings or notifications of a Sanction Score for that particular abuse. Disqualification or denial under those circumstances may occur even if the Vendor's cumulative Sanction Score is less than ten (10).

The Massachusetts WIC Program will support the determination of the disqualification with appropriate documentation of the abusive activity.

A disqualification for one, two, or three years will mean that the Vendor will not be able to accept WIC vouchers for one, two, or three years respectively, starting with the date of disqualification. The maximum duration of disqualification will be three years.

A Vendor disqualified from the Food Stamp Program shall be disqualified from WIC for the same period of time, up to a maximum of three years.

A vendor whose WIC disqualification expires during an authorization period may reapply to WIC before the next year's application process begins only if the Local WIC Program reopens its application process due to need for additional vendors in that area.

Whenever the Massachusetts WIC Program intends to disqualify a Vendor, it will provide 15 days prior written notice, which shall include the reason(s) for the disqualification and a notification of the Vendor's right to appeal.

f. Monetary Claims

The Massachusetts WIC Program may make monetary claims against Vendors that have committed certain types of redemption abuse, in addition to any other sanctions applied against such Vendors.

A Vendor against which the WIC Program has made a monetary claim shall be required to make full payment within thirty days of receiving notice of the claim unless the WIC Program authorizes, in writing, a longer payment schedule. Where a fair hearing is requested by the Vendor with respect to the monetary claim, the time period for payment shall not begin until the date the hearing officer issues his/her decision.

The Massachusetts WIC Program may disqualify a Vendor for failure to pay a monetary claim within the required period of time.

The WIC Program may deny the application of any Vendor against which the program has an outstanding monetary claim. The WIC Program may also deny the application of a Vendor of which any owner, partner, manager or, in the case of a corporation, any shareholder, officer or trustee, was an owner, partner, shareholder, officer or trustee of a different Vendor at a time when the State WIC Program made a monetary claim against this other Vendor if such claim is still outstanding.

g. Judicial Actions

If appropriate, the Commonwealth of Massachusetts, acting for the State WIC Office, may take legal action against abusive Vendors in cooperation with Federal, State, and Local authorities.

h. Disqualifications

The following guidelines will be applied to determine the length of a disqualification:

- 10-19 points: one year
- 20-29 points: two years
- 30 or more points: three years

The WIC Program may use discretion in applying these guidelines, giving consideration to relevant factors such as WIC participants' need for accessible vendors, or a Vendor's history of violations of the Program.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

MASSACHUSETTS WIC VENDOR AGREEMENT: FISCAL YEARS 1990-91

AGREEMENT BETWEEN _____ (Local WIC Program) AND _____ (Vendor)

THE TIME PERIOD OF THIS AGREEMENT IS FROM _____ THROUGH SEPTEMBER 30, 1991.

VENDOR STAMP NUMBER _____

Signed by the Local WIC Program or Local Agency on behalf of the Massachusetts WIC Program of the Massachusetts Department of Public Health.

SIGNATURE

DATE SIGNED

NAME

TITLE

PROGRAM NAME

AGENCY NAME

ADDRESS

TELEPHONE NUMBER

CONTACT PERSON IF OTHER THAN ABOVE

TELEPHONE NUMBER

Signed by the individual with legal authority to obligate the Vendor.

I certify that I or my authorized representative has received training on WIC procedures, and that I have received the WIC Vendor Stamp listed above.

SIGNATURE

DATE SIGNED

NAME

TITLE

VENDOR NAME

ADDRESS

TELEPHONE NUMBER

FOR CHAIN STORES: CORPORATE OFFICE CONTACT

ADDRESS

TELEPHONE NUMBER

☐ For home delivery vendors, areas where WIC participants will be served (list here or attach list):

REGISTERING VENDORS WITH THE STATE WIC OFFICE

NOTIFY THE STATE WIC OFFICE OF ALL VENDORS YOU AUTHORIZE FOR PARTICIPATION IN THE WIC PROGRAM. REQUEST APPROVAL FROM THE STATE WIC OFFICE BEFORE AUTHORIZING ANY VENDOR MID-YEAR.

After you complete an authorization session with a vendor:

1. Complete a Vendor Input for the vendor.

   See the ENTERING A VENDOR INTO THE COMPUTER FILES section for instructions on how to fill out a Vendor Input on diskette.

2. Mail the diskette with completed Vendor Inputs to the state WIC office by October 7.

3. Send a copy of the last page of your signed vendor agreements (or amendments) to the state WIC office by October 7.

NOTIFYING PARTICIPANTS OF WIC VENDORS

NOTIFY YOUR WIC PARTICIPANTS OF ALL VENDORS AUTHORIZED TO ACCEPT WIC VOUCHERS IN YOUR CATCHMENT AREA AND IN ADJOINING AREAS IF APPROPRIATE.

1. Compile a list of all authorized WIC vendors within your program area. Include:

   -- Vendor name
   -- Address
   -- Phone number
   -- Hours of operation

2. Distribute the vendor list to all participants during the October voucher pick-up.

3. Distribute your vendor list to all new WIC participants as they enter the program.

4. Post a list of your authorized vendors in the WIC office.

SENDING VENDOR INFORMATION TO THE STATE WIC OFFICE

SEND VENDOR INFORMATION TO THE STATE WIC OFFICE ON SCHEDULE.

Send copies of the following materials to the state WIC office by the dates shown. The state WIC office uses this data for vendor monitoring, reimbursement of vouchers submitted to the state WIC office, reports on the vendor system, fair hearings, and other purposes.

ITEM	MAILING DEADLINE
Vendor applications with 7/1 price list	July 24
Acceptance and rejection letters	September 7
Expired vendor stamps	October 7
Last page of signed vendor agreements/amendments	October 7
Vendor input forms	October 7
Vendor review forms	As completed
Warning letters	When sent to vendor
Requests for sanction points	As needed
Invalid or damaged vendor stamps	Within one week of retrieval

VENDOR FILES AND REPORTS

VENDOR RECORDKEEPING CONSISTS OF:

- THE VENDOR MASTERFILE
- VENDOR REPORTS
- OFFICE VENDOR FILES CONTAINING COPIES OF ALL REQUIRED DOCUMENTS.

See the following sections for more information about vendor files.

THE VENDOR MASTERFILE

THE VENDOR MASTERFILE CONTAINS BASIC INFORMATION ABOUT EACH VENDOR.

USE THE WIC VENDOR INPUT FORM TO ACCESS THE VENDOR MASTERFILE.

MAINTAIN COMPLETE AND ACCURATE COMPUTER RECORDS FOR ALL WIC VENDORS.

The information in the vendor masterfile is used for reports, mailings to vendors, the computerized vendor monitoring system, other vendor monitoring, and answering a variety of questions about vendors.

The vendor masterfile is updated once a month, at the time of voucher create: vendors are entered into or terminated from the masterfile, or information on a vendor is changed.

UPDATING THE MASTERFILE AT THE START OF A NEW AGREEMENT PERIOD

IF A CURRENT WIC VENDOR RECEIVES A NEW WIC AGREEMENT OR IS CONTINUING ON IN THE 3-YEAR CYCLE, DO NOT SUBMIT A NEW INPUT. THE VENDOR WILL KEEP THE SAME VENDOR NUMBER AND REMAIN ON THE MASTERFILE.

IF A CURRENT WIC VENDOR DOES NOT SUBMIT AN APPLICATION FOR A NEW AGREEMENT OR APPLIES BUT IS NOT AWARDED A NEW AGREEMENT, SUBMIT A TYPE 2 INPUT TERMINATING THAT VENDOR, USING THE LAST DAY OF THE CONTRACT PERIOD AS THE TERMINATION DATE. DO NOT REUSE THIS VENDOR NUMBER UNTIL THE NEXT YEAR.

TO ENTER A NEW VENDOR INTO THE COMPUTER FILES, COMPLETE A TYPE 1 INPUT USING THE VENDOR DATA ENTRY SCREEN.

COMPLETE AND MAIL YOUR VENDOR INPUT DISKETTE(S) TO THE STATE WIC OFFICE BY OCTOBER 7 (OR WITHIN A WEEK OF SIGNING THE AGREEMENT).

For a Transaction Type 1 ("Trans. Type 1"), make sure that the vendor's identification number is not already on your vendor masterfile. Refer to your Vendor Report to determine which numbers are active. See the LOCAL PROGRAM VENDOR REPORT section of this Procedure Manual for a copy of the Vendor Report.

VENDOR INPUTS

NOTE: "*" indicates required information for a Type 1 input.

* Vendor number. Enter the two digit number that you have assigned to the vendor (the vendor stamp number): 01-59 for food stores, 60-69 for home delivery, and 70-99 for pharmacies.

* Transaction type. Enter the number "1" for a new add.

* Vendor company name. Enter the local vendor's complete company name.

* Vendor's representative name (Last, first). Enter the name of the person in the local company who is responsible for WIC.

* Vendor class code. Enter the number designating the vendor's type of store. The codes are at the bottom of the screen.

* Street address. Enter local street address of vendor.

  Extra line of address. Enter any further address information such as mailing address if different from street address.

* Telephone number. Enter vendor's telephone number by area code, number and extension. Extension is not required.

* City or town. Enter the name of the city or town in which the vendor is located.

* State. Enter the state in which the vendor is located.

* Zip code. Enter the zip code for the vendor's address.

* Authorization date. Enter the date by month, day and year that the vendor contract begins, in six digits. NOTE: the system will not accept a future date. You may use a date no more than 1 month before the actual authorization date.

  Termination code. Leave blank.

  Termination date. Leave blank.

Program Code: 009 **WIC VENDOR INPUT SCREEN** **Date: 09/28/89**

Vendor Number: 015 **Transaction Type: 1**

Vendor Company Name	Vendor Representative Name (Last, first)
ABC MARKET	SMITH , MARY

Vendor Class Code: 2

Street Address	Extra line of Address (if needed)
944 DORCHESTER AVE	

Telephone Number	City	State	Zip
(617) 555-1234 ext.	DORCHESTER	MA	02125

Authorization Date	Termination Code	Termination Date
09/24/89		/ /

Enter Record?

CHANGING VENDOR INFORMATION

TO CHANGE INFORMATION ON A VENDOR ALREADY IN THE COMPUTER FILES, COMPLETE A TYPE 2 INPUT USING THE VENDOR DATA ENTRY SCREEN.

Complete and submit vendor input to the state WIC office if a vendor:

- o is not awarded a new vendor agreement,
- o goes out of business,
- o loses the vendor stamp and receives a new stamp number,
- o changes managers, or
- o changes any other information in the vendor file.

COMPLETING THE DATA ENTRY SCREEN

* VENDOR NUMBER: Enter the two digit vendor number that you have assigned to the vendor (the vendor stamp number).

* TRANSACTION TYPE: Enter the number "2" for a change.

THEN ENTER the new data in the appropriate fields. See sample below.

Program Code: 009 **WIC VENDOR INPUT SCREEN** **Date: 09/28/89**

Vendor Number: 007 **Transaction Type: 2**

Vendor Company Name **Vendor Representative Name (Last, first)**
RIVERA , ROSA

Vendor Class Code:

Street Address **Extra line of Address (if needed)**

Telephone Number **City** **State** **Zip**
( ) - ext.

Authorization Date **Termination Code** **Termination Date**
/ / **/ /**

Enter Record?

TERMINATING VENDORS

TERMINATE VENDORS WHEN THEIR AUTHORIZATION ENDS, OR VENDOR NUMBER, NAME, ADDRESS OR OWNERSHIP CHANGES.

TERMINATE ALL VENDORS NOT RECEIVING NEW AGREEMENTS AT THE END OF EACH CONTRACT PERIOD.

To terminate a vendor, enter both a termination code and the date of termination.

COMPLETING THE DATA ENTRY SCREEN

NOTE: "*" indicates required information.

* VENDOR NUMBER: Enter the two digit vendor number that you have assigned to the vendor (the vendor stamp number).

* TRANSACTION TYPE: Enter the number "2" for a change.

* TERMINATION CODE: Enter the code that designates the reason the vendor has been terminated.

CODE	DEFINITION
1	Vendor no longer wishes to participate in the WIC Program
2	Vendor has gone out of business
3	Vendor has lost stamp. New vendor number assigned
4	Vendor has been disqualified or not awarded a new agreement.
5	Change of name
6	Change of owner
7	Change of location

The codes are listed at the bottom of the screen.

* TERMINATION DATE: Enter the date the vendor's agreement was terminated, using six digits.

Terminated vendors continue to appear on the masterfile to show the reason why they were terminated.

Once a vendor has been terminated, do not reassign her/his vendor identification number to another vendor in the same year.

```
Program Code: 009          WIC VENDOR INPUT SCREEN          Date: 09/28/89

  Vendor Number: 017   Transaction Type: 2

  Vendor Company Name                Vendor Representative Name (Last, first)
                                                  ,

  Vendor Class Code:

  Street Address                  Extra line of Address (if needed)


  Telephone Number          City                          State  Zip
  (   )    -      ext.

  Authorization Date  Termination Code  Termination Date
    /  /              2                 07/23/89

                         Enter Record?
```

VENDOR REPORTS

FROM THE VENDOR MASTERFILE, FOUR REPORTS ARE PRODUCED EACH MONTH:

- LOCAL PROGRAM VENDOR REPORT
- WIC VENDOR UPDATE LISTING
- WIC VENDOR EDIT LISTING
- WIC VENDOR REJECT LISTING

See the following sections for detailed instructions on using these reports.

LOCAL PROGRAM VENDOR REPORT

THE LOCAL PROGRAM VENDOR REPORT LISTS EACH PROGRAM'S WIC VENDORS IN ASCENDING ORDER BY VENDOR NUMBER.

KEEP THE MICROFICHE COPY OF THIS REPORT FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

Each record in the Local Program Vendor Report contains all the information about that vendor that that you have input into the computer masterfile.

This report includes vendors terminated during the current contract year.

SAMPLE LOCAL PROGRAM VENDOR REPORT

REPORT NO. WIC025C

WIC PROGRAM

LOCAL PROGRAM VENOOR REPORT

MAY 1988

UPHAMS CORNER WIC

02	01	CA[redacted] FOOD CORP 715 MORRISSEY BLVD OORCHESTER MA 02122 CONLON ARTHUR 617-265-9500 EXT -	VENOOR CLASS - MEOIUM AUTHORIZATION OATE-10-01-87 TERMINATION OATE - TERMINATION COOE -
02	02	D[redacted] & GE[redacted]'S MARKET 1 SAVIN HILL AVE OORCHESTER MA 02125 TSANOTELIS GEORGE 617-436-9051 EXT -	VENOOR CLASS - SMALL AUTHORIZATION OATE-10-01-87 TERMINATION OATE - TERMINATION COOE -
02	03	AL[redacted] MARKET 387 STOUGHTON ST OORCHESTER MA 02125 ALVES MARCELINO 617-436-9466 EXT -	VENOOR CLASS - SMALL AUTHORIZATION OATE-10-01-87 TERMINATION OATE - TERMINATION COOE -
02	04	HE[redacted] MARKET 304 BOWDOIN ST OORCHESTER MA 02125 HERNANDEZ [redacted] NELSON	VENOOR CLASS - SMALL AUTHORIZATION OATE-10-01-87 TERMINATION OATE - TERMINATION CODE -
02	12	NE[redacted] CONVENIENCE 1283 OORCHESTER AVE OORCHESTER MA 02125 O'CALLAGAHAN MICHAEL 617-825-1858 EXT -	VENDOR CLASS - SMALL AUTHORIZATION OATE-10-01-87 TERMINATION OATE - TERMINATION CODE -
02	13	OA[redacted] MARKET 451 COLUMBIA RO OORCHESTER MA 02125 OASILVA CLARIMUNDO 617-265-3026 EXT -	VENOOR CLASS - SMALL AUTHORIZATION OATE-10-05-87 TERMINATION OATE - TERMINATION COOE -
02	14	PU[redacted] 500 GENEVA AVE OORCHESTER MA 02122 OAVIOSON ROBERT 617-265-4350 EXT -	VENDOR CLASS - LARGE AUTHORIZATION OATE-10-01-87 TERMINATION OATE - TERMINATION CODE -

WIC VENDOR UPDATE LISTING

THE WIC VENDOR UPDATE LISTING LISTS EVERY VENDOR RECORD WHICH HAS BEEN ACCEPTED IN THE VENDOR MASTERFILE.

The WIC Vendor Update Listing contains all the information accepted from vendor inputs, sorted by vendor number.

Compare your copies of the vendor applications with this listing to determine which inputs were accepted. Once the information is verified, discard the update; this information is repeated on the current Local Program Vendor Report.

SAMPLE WIC VENDOR UPDATE LISTING

WIC

VENDOR UPDATE LISTING

04/19/88

HAMPSHIRE COUNTY WIC PAGE I

CHG	04	F[redacted] MART				VENDOR CLASS -
		NORTH KING ST				AUTHORIZATION DATE-10-01-87
BATCH	03-28-88	NORTHAMPTON		MA	01060	TERMINATION DATE -
		VERTERAMO	PAUL			TERMINATION CODE -
		413-586-5863	EXT -			
CHG	05	F[redacted] MART				VENDOR CLASS -
		501 NEWTON ST				AUTHORIZATION DATE-10-01-87
BATCH	03-28-88	S HADLEY		MA	01075	TERMINATION DATE -
		LESPERANCE	BOB			TERMINATION CODE -
		413-536-4144	EXT -			
CHG	08	ST[redacted]				VENDOR CLASS -
		RUSSELL ST				AUTHORIZATION DATE-10-01-87
BATCH	03-28-88	HADLEY		MA	01035	TERMINATION DATE -
		ZIEGLER	DEBBIE			TERMINATION CODE -
		413-253-9546	EXT -			
CHG	09	ST[redacted]				VENDOR CLASS -
		228 KING ST				AUTHORIZATION DATE-10-01-87
BATCH	03-28-88	NORTHAMPTON		MA	01060	TERMINATION DATE -
		MILLER	GEORGE			TERMINATION CODE -
		413-584-1260	EXT -			

WIC VENDOR EDIT LISTING

THE WIC VENDOR EDIT LISTING RECORDS ERRORS THAT WERE MADE ON VENDOR INPUT FORMS. THIS REPORT SHOULD BE MINIMAL SINCE ERRORS WILL BE CAUGHT WHEN YOU ENTER THE DATA.

The WIC Vendor Edit Listing lists errors made on vendor input. The following error flags appear in the far right column.

REJECTED

The entire record was rejected by the computer due to missing or unacceptable data in a critical field.

The record as it appears on the input form is printed with question marks for data missing (or data unacceptable) under each character in the field with the error.

To fix these errors, resubmit a corrected vendor input. Make sure that the corrected data appears on the next Vendor Update Listing.

DUPLICATE LINE NUMBER * CARD REJECTED

Two vendor inputs were submitted in the same input cycle with the same ID number, and only one was accepted.

- If the inputs were identical and the record on the Vendor Update Listing is correct, do nothing.

- If two different Type 1's were submitted with the same ID number, the data from both was combined and the data accepted onto the update is partially incorrect. Submit a Type 2 input to correct this record. Also submit a new Type 1 with a different ID number for the second input.

- If two different Type 2's were sumbitted with the same ID number, submit a Type 2 input to correct the accepted record, if necessary. Also submit a new Type 2 for the rejected record.

SAMPLE WIC VENDOR EDIT LISTING

```
REPORT  WIC010C-VEND                WIC VENDOR EDIT LISTING 09/19/89                    PAGE   1
                                                          SITE   00

   V00901210918891LA DEFENSA MARKET          PIMENTEL      NELSON    3          ***** DUPLICATE LINE NUMBER * CARD REJECTE
   V00901210918892207 BOYLSTON ST.                                  6175246445  ***** DUPLICATE LINE NUMBER * CARD REJECTE
   V00901210918893JAMAICA PLAIN          MA02130091889                         ***** DUPLICATE LINE NUMBER * CARD REJECTE

** ? BENEATH A FIELD MEANS DATA MISSING OR UNACCEPTABLE. RECORD IS REJECTED. PLEASE RESUBMIT
```

WIC VENDOR REJECT LISTING

THE WIC VENDOR REJECT LISTING LISTS ERRORS INVOLVING VENDOR NUMBERS.

The following types of errors are flagged under REJECT REASON on the WIC Vendor Reject Listing:

DUPLICATE - TRANS TYPE ADD - A Type 1 input was submitted with a vendor number already found in the Vendor Masterfile.

NO MATCH - TRANS TYPE CHG - A Type 2 input was submitted to change information on a vendor number not found in the Vendor Masterfile.

NO MATCH - TRANS TYPE DELETE - A Type 2 input was submitted to delete information on a vendor number not found in the Vendor Masterfile.

For all of these errors, trace the source of the problem. Resubmit the input as appropriate, and make sure the correct data appears on the next Vendor Update Listing.

SAMPLE WIC VENDOR REJECT LISTING

WIC VENDOR REJECT LISTING 05/18/88 PAGE I

DORCHESTER/ROXBURY WIC

VENDOR INFORMATION			REJECT REASON
04	01	[redacted] GROCERY STORE	DUPLICATE TRANS TYPE ADD

OFFICE VENDOR FILES

KEEP COPIES OF ALL MATERIALS PERTAINING TO VENDORS WITH WHOM YOU HAVE A CURRENT AGREEMENT IN AN ACTIVE VENDOR FILE.

KEEP APPLICATIONS AND REJECTION LETTERS FOR VENDORS WITH WHOM YOU DID NOT SIGN AN AGREEMENT IN AN INACTIVE VENDOR FILE.

KEEP RECORDS AND TERMINATION/DISQUALIFICATION LETTERS FOR FORMER VENDORS IN A TERMINATED VENDOR FILE.

KEEP COPIES OF VENDOR MATERIALS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

For each currently authorized vendor, maintain on file:

1. Vendor application with July 1 price list (both signed)
2. Mandatory minimum checklist
3. Composite price calculation sheet
4. Acceptance letter (copy) and receipt
5. Last page of vendor agreement (with vendor and WIC signatures)
6. Vendor stamp receipt
7. On-site review forms (if applicable)
8. Home delivery surveys (if applicable)
9. Written participant and vendor complaints (if any), with follow-up
10. Copies of all correspondence, such as:
    - follow up to a participant complaint
    - warning letter and vendor's response to it
11. "Flow sheet" to document concerns, notes of phone calls, etc.

MAINTAINING POSITIVE RELATIONSHIPS WITH WIC VENDORS

TO INCREASE WIC'S EFFECTIVENESS IN THE COMMUNITY, MAINTAIN A POSITIVE AND SUPPORTIVE RELATIONSHIP WITH YOUR VENDORS.

TRY TO CONTACT EACH VENDOR AT LEAST TWICE A YEAR.

COMMEND VENDORS WHO TAKE AN INTEREST IN THE WIC PROGRAM AND WHO ARE RESPONSIVE TO PARTICIPANTS.

VENDOR CONTACTS

Vendors are an important link between your WIC Program and your community. WIC participants often have more contact with WIC vendors than they do with your staff. Therefore, make every effort to include vendors in your educational and public relations efforts.

If possible, contact each vendor at least twice a year to discuss his/her opinions and suggestions about WIC and any problems s/he may be having, so that you can take any necessary action. These two contacts may include visits or phone calls made for other purposes, as long as you also discuss these issues, and questionnaires.

Document each contact in the vendor's file.

USING VENDORS FOR OUTREACH

-- Make sure all vendors have an "Authorized WIC Vendor" sign.

-- Give all vendors material describing the WIC Program, outlining eligibility criteria, and explaining how to apply.

-- You may wish to leave nutrition education materials with the vendor. "Point of purchase" education about WIC foods can help reinforce WIC's nutrition education.

VENDOR EDUCATION

PROVIDE EDUCATION TO WIC VENDORS TO SOLVE PROBLEMS AND TO MEET THEIR NEEDS AND INTERESTS IN WIC.

DOCUMENT VENDOR EDUCATION CONTACTS IN THE VENDOR'S FILE.

VENDOR EDUCATION

Vendor education includes any contact you make with the vendor to explain the WIC program or to solve problems with participants. This includes visits to or from the vendor, letters, mailings, and phone calls. Vendor education can take place with individual vendors or in groups. Keep in touch with your vendors; ask them what information they need about WIC and what kind of training and materials would be helpful to managers and cashiers.

Make sure the vendor has enough copies of the cashier card so that s/he can post one at each register. Remind the vendor of the importance of training cashiers about WIC procedures. Distribute the Vendor's Guide to WIC and the WIC Food List.

Vendor education sessions can be either formal or informal. Gear the manner and intensity of the education session to the subject matter.

NOTIFYING VENDORS OF POLICY CHANGES

When you change any WIC policies or procedures that impact on your vendors, notify them verbally and then to follow up with a letter reinforcing the information.

The state WIC office notifies vendors directly of any statewide policy changes such as new allowable WIC foods, and expects that you will clarify any questions your vendors have about the new policy.

COMMENTS AND COMPLAINTS FROM VENDORS

ENCOURAGE VENDORS TO VOICE THEIR OPINIONS ABOUT WIC PROGRAM OPERATIONS.

Take vendors' comments and complaints seriously. They may help you to identify areas where further participant education is needed or where WIC procedures need to be improved.

When a vendor has a complaint about WIC procedures, it may be due to a lack of understanding of the WIC Program. Use this opportunity to help vendors understand WIC's goals and approach.

VENDOR COMMENTS AND COMPLAINTS

1. When a vendor has a comment or complaint about the WIC Program, fill out a "COMMENT/COMPLAINT FORM: VENDORS". Attach the vendor's written complaint, if any. See the Originals Packet for a copy of the form.

2. Act on all complaints within two weeks.

3. File the completed "COMMENT/COMPLAINT FORM: VENDORS" in the vendor's file.

4. Send a copy of the "COMMENT/COMPLAINT FORM: VENDORS" to the state WIC office.

VENDOR REIMBURSEMENTS

A VENDOR REIMBURSEMENT IS PAYMENT OF A VOUCHER BY THE STATE WIC OFFICE INSTEAD OF THE WIC BANK.

VOUCHERS REJECTED BY THE BANK FOR THE FOLLOWING REASONS MAY ONLY BE REIMBURSED BY THE STATE OFFICE:

- ILLEGIBLE VENDOR STAMP
- EXCESSIVE DOLLAR AMOUNT
- PRICE ALTERED, IN PENCIL, MISSING OR ILLEGIBLE
- ALTERED SIGNATURE OR DATE
- STOP PAYMENT
- VOUCHER ALREADY REJECTED FOR ANOTHER PROBLEM, CORRECTED (e.g., NO MASS WIC PROGRAM STAMP)

VENDORS MAY SUBMIT THESE VOUCHERS TO THE STATE WIC OFFICE, WHICH WILL PAY IF APPROPRIATE.

HAVE VENDORS SUBMIT ALL VOUCHERS WITH ALTERED PRICES, PRICE IN PENCIL, AND VOUCHERS WHICH EXCEED $30.00 DIRECTLY TO THE STATE WIC OFFICE. THESE VOUCHERS WILL BE ROUTINELY PAID IF LEGITIMATELY PRICED.

REJECTED VOUCHERS

Vouchers are rejected at the WIC bank for a number of reasons. Some vouchers can be corrected by the vendor and redeposited into the WIC bank (e.g., No Vendor Stamp). Other vouchers cannot be corrected by the vendor (e.g., Altered Price) and must be sent to the state WIC office for reimbursement. Future dated and expired vouchers will not be reimbursed by the WIC bank or the state WIC office at all. Refer to "REJECT CODES" and "WHAT TO DO ABOUT REJECTED VOUCHERS" on pages 2 and 3 of this section for more details.

STANDARD PROCEDURE

The vendor mails vouchers to the Vendor Compliance Assistant, State WIC office, requesting payment and explaining why. State staff will review the requests, including checking vendor price lists, and authorize the WIC bank to pay the vendor the appropriate amount, if any. The bank will send the vendor a check with a statement of the voucher numbers being reimbursed and the amount paid for each voucher.

Vendors may call the state WIC office for information on the status of any voucher in this process.

STOP PAYMENTS

If a vendor accepts a voucher on which payment was stopped, the state WIC office will reimburse her/him if s/he accepted the voucher in good faith and followed all WIC procedures (e.g., checked signatures, etc.) Have the vendor submit the voucher and explanation to the state WIC office. Bounced-check fees will also be reimbursed in these cases if the vendor sends a copy of the bank statement listing the fee.

REJECT CODES

A	NO VENDOR STAMP
B	INVALID VENDOR NUMBER
C	INVALID/COUNTERFEIT VENDOR STAMP
D	ILLEGIBLE VENDOR STAMP
E	NO SIGNATURE (or countersignature)
F	MISMATCHED SIGNATURES
G	EXPIRED
H	FUTURE DATED
I	CANCELLED VENDOR NUMBER
J	EXCESSIVE DOLLAR AMOUNT
K	PRICE WRITTEN IN PENCIL
L	ALTERED PRICE
M	PRICE MISSING
N	ILLEGIBLE PRICE
O	NO MASS. WIC PROGRAM STAMP
P	ALTERED SIGNATURE
Q	ALTERED DATE
R	NO NAME
S	NO ISSUE DATE
T	NO ENDORSEMENT
U	NOT DEPOSITED IN VENDOR'S BANK
V	STOP PAYMENT
W	OTHER (Specify)

WHAT TO DO ABOUT REJECTED VOUCHERS

CODE	REASON	EXPLANATION
A D	No Vendor Stamp Illegible Vendor Stamp	The vendor can stamp or restamp the voucher and redeposit in the vendor's bank.
B C	Invalid Vendor Stamp Counterfeit Vendor Stamp	Please notify the State WIC Office immediately.
E F	No Signature Mismatched Signatures	The voucher must have the correct signature before it can be reimbursed (if you wish to obtain the signature).
G	Expired	Voucher will not be paid by the WIC bank or the state WIC office after 89 days from the NOT GOOD BEFORE date.
H	Future-Dated	Voucher will not be paid by the WIC bank or the state WIC office AT ALL.
J	Excessive Dollar Amount	The vendor should not reduce the voucher amount; the state WIC office will reimburse the vendor according to the vendor's latest price list.
K L M N	Price Written in Pencil Altered Price Missing Price Illegible Price	Vouchers will be rejected at the WIC bank. Submit directly to the state WIC office for reimbursement.
O P Q R S	No Mass. WIC Program Stamp Altered Signature Altered Date No Name No Issue Date	Vouchers will be rejected at the WIC bank. The vendor should contact the you for assistance before sending the voucher to the state WIC office.
T	No Endorsement	The vendor should endorse and submit to the state WIC office.
U	Not Deposited in Vendor's Bank	Currently not in use.
V	Stop Payment	The vendor should submit to the state WIC office; if the voucher is legitimate the vendor will be reimbursed for the voucher amount plus any documented bank fee.

VENDOR MONITORING

VENDOR MONITORING TAKES PLACE AT BOTH THE STATE AND LOCAL LEVEL.

VENDOR MONITORING AT THE LOCAL LEVEL INCLUDES:

1. REVIEWING PRICE LISTS
2. RESPONDING TO COMMENTS AND COMPLAINTS FROM PARTICIPANTS
3. CONDUCTING VENDOR REVIEWS
4. SENDING WARNING LETTERS
5. NOTIFYING THE STATE WIC OFFICE OF WARNINGS AND SERIOUS PROBLEMS AND COMPLAINTS AGAINST ANY WIC VENDOR.

Vendor monitoring is a responsibility shared between the state WIC office and the local WIC programs.

** At the local level, you are responsible for monitoring vendors' compliance with the WIC Program, especially to ensure that participants receive satisfactory service from vendors. If you would like assistance with monitoring techniques, contact the state WIC office.

** At the state level, monitoring includes analysis of redeemed vouchers to detect overcharging and other problems, and compliance buys based on local WIC programs' requests and other sources of information.

REVIEWING PRICE LISTS

THE STATE WIC OFFICE WILL COLLECT NOVEMBER 1 AND MARCH 1 PRICE LISTS FROM ALL VENDORS AND SEND COPIES TO YOU. (YOU WILL ALREADY HAVE JULY 1 PRICE LISTS.)

REVIEW EACH NEW PRICE LIST AGAINST THAT VENDOR'S PREVIOUS PRICE LIST.

CONTACT THE STATE WIC OFFICE IF YOU NOTICE ANY QUESTIONABLE PRICE INCREASES OR IF THE VENDOR IS MISSING THE MANDATORY MINIMUM.

Review price lists for unusual increases to:

- detect overcharging of the WIC program
- discover cases of vendors giving false prices on their applications
- look for evidence that the vendor does not carry the Mandatory Minimum of WIC foods.

Compare the November 1 prices to the July 1 prices, and March 1 prices to November 1 prices. Vendors with price increases which cannot be justified by inflation and/or other legitimate factors may be disqualified if they do not lower prices to an acceptable level.

COMMENTS AND COMPLAINTS FROM PARTICIPANTS

DOCUMENT ALL PARTICIPANT COMPLAINTS ABOUT VENDORS.

INFORM PARTICIPANTS REPORTING VIOLATIONS BY A VENDOR THAT THEY ARE NOT OBLIGED TO TESTIFY IN COURT OR IN A FAIR HEARING UNLESS THEY WISH TO.

FOLLOW EACH PARTICIPANT COMPLAINT OR COMMENT WITH A VENDOR REVIEW, LETTER TO THE VENDOR, OR PHONE CALL.

NEVER MENTION THE PARTICIPANT'S NAME TO A VENDOR.

NOTIFY THE STATE VENDOR STAFF OF ANY SERIOUS PROBLEMS REPORTED BY PARTICIPANTS.

THE PARTICIPANT'S ROLE IN VENDOR MONITORING

For participants to be able to assist in vendor monitoring, they must clearly understand how to redeem their WIC vouchers.

Make it clear to them that you want to know if they ever have any problems with WIC vendors, including problems redeeming their vouchers or obtaining WIC foods. Some options for soliciting participant input are:

- o putting a suggestion/complaint box in your office
- o distributing a questionnaire asking about vendors.

Tell participants they do not have to give their name when making a complaint, but a signed statement is helpful for documentation.

USING THE PARTICIPANT'S COMMENT/COMPLAINT FORM

Use the "PARTICIPANT'S VENDOR COMMENT/COMPLAINT FORM" to document any comments or complaints that you receive about a vendor, and your follow-up. The complaint must be written or dictated by the participant, in her/his own words. Comments or notes by WIC staff are not acceptable documentation of a participant complaint.

- Put a copy of the form in the vendor's file.
- Document any response by the vendor in the vendor's file.
- Send a copy of the completed comment/complaint form to the state WIC office.

NOTE: If a participant complaint indicates a problem which may require a Sanction Score, obtain any possible additional documentation of the problem, to make a stronger case for sanctioning the vendor.

VENDOR REVIEWS

IF YOU SUSPECT A VENDOR IS ABUSING THE WIC PROGRAM, CONDUCT A VENDOR REVIEW OR ASK THE STATE WIC OFFICE TO CONDUCT A COMPLIANCE BUY.

REVIEW AT LEAST 50% OF YOUR VENDORS DURING THE FIRST HALF OF THE FISCAL YEAR. REVIEW ALL YOUR VENDORS AT LEAST EVERY TWO YEARS; TRY TO REVIEW EACH VENDOR AT LEAST ONCE A YEAR.

CONTACT THE STATE WIC OFFICE IF YOU DISCOVER SERIOUS PROBLEMS DURING A VENDOR REVIEW.

Select the 50% of vendors to be reviewed as a representative sample of all vendors, i.e. ensure that vendors of various types, sizes and locations are monitored.

During the vendor review:

1. Check prices and review the Mandatory Minimum of WIC foods
2. Review other WIC procedures and requirements
3. Provide technical assistance as needed
4. Use the Bounced Voucher Report as a source of information on problems.

Conduct vendor reviews as often as necessary, especially:

- After you receive one or more complaints about a vendor
- If you receive a call for technical assistance from the vendor
- After you receive a Price Report from a vendor that seems unusual (for example, the prices are very high or very low, or it appears that the vendor no longer carries the Mandatory Minimum).

To schedule a vendor review, call the vendor to arrange a mutually convenient time. Send a confirmation letter and keep a copy in the vendor's file.

You are also encouraged to conduct unannounced vendor reviews in cases of suspected violations.

Complete a "VENDOR REVIEW FORM" for each visit. (See the Originals Packet for a copy of the form appropriate to the type of store visited.) You need not complete the whole form for repeat visits if a recent form is on file. Record all your findings. Indicate any questions or problems the vendor had, and explain your responses. Record any follow-up needed. Keep the form in the vendor's file, and send a copy to the state WIC office.

Follow the review with a letter to the vendor indicating your findings, and indicating any changes you want the vendor to make. Keep a copy of the letter and follow-up in the vendor's file, and send a copy to the state WIC office.

VENDOR WARNING LETTERS

If you discover a problem during the vendor review that may result in sanction points being applied, send the "VENDOR REVIEW WARNING LETTER"; include the date by which the problem must be corrected.

Keep a copy in the vendor's file and send a "VENDOR SPECIALIST FOLLOW-UP LETTER" to the state WIC office, noting the outcome.

HOME DELIVERY MONITORING

SURVEY 5% OF ALL HOME DELIVERY PARTICIPANTS EACH MONTH.

RIDE EACH HOME DELIVERY TRUCK AT LEAST ANNUALLY.

WHEN MONITORING A HOME DELIVERY VENDOR, OBTAIN FROM THAT VENDOR A WRITTEN LIST OF ALL PARTICIPANTS SERVED.

PROVIDE EXTRA TRAINING TO VENDORS AND PARTICIPANTS WHERE WIC PROCEDURES ARE NOT BEING FOLLOWED.

Follow these procedures when monitoring home delivery vendors:

1. Obtain from the vendor a written list of all participants s/he serves. If this is a problem, remind her/him that the Vendor Agreement states the need to keep records for three years.

2. Survey 5% of all home delivery participants each month, so that samples are distributed as evenly as possible across vendors and trucks. Have the participant fill out the "HOME DELIVERY SURVEY FORM" or interview her/him over the phone and fill it out yourself. Include any questions of your own. Use the survey results to document compliance and to indicate if further monitoring is necessary.

3. Ride each truck at least annually to verify that WIC procedures are being followed. Use the Vendor Agreement as a guide, and notify the state WIC office if sanctioning is appropriate. Document all inspections.

4. Provide extra training to vendors and participants where WIC procedures are not being followed. Call the WIC Vendor Coordinator if you have a need or suggestions for specific training materials.

VENDOR SANCTIONS

IF YOU DISCOVER THAT ANY VENDOR WITH WHOM YOU HAVE SIGNED AN AGREEMENT IS ABUSING THE WIC PROGRAM, FOLLOW UP WITH A WARNING LETTER OR FURTHER INVESTIGATION IF NECESSARY. IN CASES OF SERIOUS ABUSE, CONTACT THE STATE WIC OFFICE FIRST.

ONLY THE STATE WIC OFFICE MAY APPLY A SANCTION SCORE OR DISQUALIFY A VENDOR.

SEE THE VENDOR AGREEMENT FOR THE FULL SANCTION POLICY.

1. If you suspect that a vendor is abusing the WIC Program, verify your suspicions by:

   - Conducting a vendor review, or
   - Asking the state WIC office to conduct a "compliance buy", or
   - Getting three separate complaints written or dictated by three separate participants of the same abuse by the same vendor.

   The first two options are preferable.

2. After you have documented the violation, send a warning letter to the vendor. (For serious abuse, first contact the state WIC office.) Use these letters provided in the Originals Packet:

   - "PARTICIPANT COMPLAINT WARNING LETTER" (may be sent after the first complaint)
   - "VENDOR REVIEW WARNING LETTER"
   - "OTHER KNOWN ABUSES WARNING LETTER"

   Send the letter by certified mail or hand deliver it. Send a copy to the state WIC office, and keep a copy of the warning letter and the certified mail receipt in the vendor's file.

3. Send the "VENDOR COORDINATOR FOLLOW-UP LETTER" to the state WIC office noting the outcome. The state WIC office will apply any needed Sanction Score and/or other sanctions, including disqualification.

4. If the WIC Vendor Sanction Policy indicates that the vendor should be disqualified from the WIC Program but you feel that this course of action is not appropriate, CONTACT THE STATE WIC OFFICE IMMEDIATELY to request a waiver of the sanction. Be prepared to document your concerns.

VENDOR APPEALS

VENDORS HAVE THE RIGHT TO APPEAL DECISIONS THAT ADVERSELY AFFECT THEIR PARTICIPATION IN THE WIC PROGRAM.

A vendor has the right to appeal:

1. Denial of an application to participate in the WIC Program
2. Disqualification from participation in the WIC Program
3. Any other "adverse action" which affects her/his participation in the WIC Program.

REQUESTS FOR VENDOR FAIR HEARINGS

VENDORS MAY APPEAL A DECISION AFFECTING THEIR PARTICIPATION IN THE WIC PROGRAM BY REQUESTING A FAIR HEARING IN WRITING FROM THE STATE WIC OFFICE WITHIN THIRTY DAYS FROM THE DATE OF THE DECISION THEY ARE APPEALING.

There is no standard form for a vendor to use in requesting a fair hearing.

Tell vendors to address their requests for a fair hearing to:

Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, Massachusetts 02111

and to make sure the state WIC office receives their request within 30 days of the date they were notified of the decision.

VENDOR PARTICIPATION PENDING A FAIR HEARING

THERE IS A MANDATORY 15-DAY NOTIFICATION PERIOD BEFORE "ADVERSE ACTION" SUCH AS DISQUALIFICATION MAY BE TAKEN AGAINST A VENDOR.

IN THE EVENT OF A FAIR HEARING TO APPEAL A DECISION:

- VENDORS WHO ARE ALREADY AUTHORIZED MAY NOT NORMALLY CONTINUE TO ACCEPT WIC VOUCHERS AFTER THE 15-DAY PERIOD AND WHILE AWAITING THE HEARING OFFICER'S DECISION (see below).

- VENDOR WHO ARE NOT CURRENTLY AUTHORIZED MAY NOT ACCEPT VOUCHERS WHILE AWAITING THE HEARING DECISION.

After the 15-day notification period, the state WIC office may take adverse action against a vendor, such as disqualification, effective immediately. The state WIC office may, however, decide instead to postpone adverse action until a hearing decision is rendered, considering inconvenience to participants and other relevant criteria. In such a case, until the decision is received, the state WIC office may require the vendor to deposit vouchers directly to the WIC Program for reimbursement rather than to the bank.

VENDOR FAIR HEARING PROCEDURES

VENDOR HEARINGS ARE CONDUCTED BY AN INDEPENDENT, IMPARTIAL HEARING OFFICER APPOINTED BY THE DEPARTMENT OF PUBLIC HEALTH.

VENDORS MAY REVIEW THE WIC FILE ON THEIR CASE UPON REQUEST.

PREPARING FOR THE HEARING

1. When the state WIC office receives a request for a hearing, they will contact you to schedule a meeting to discuss the case.

2. Before the meeting, prepare a case file containing all relevant documents, such as:

   For Denied Applications

   - map clearly showing the areas of competition noted on your Vendor Selection Plan, and location of approved WIC vendors
   - statistics on location of WIC participants
   - rationale and documentation for limiting factors given in Vendor Selection Plan such as geographic or other factors
   - means of access for WIC participants to selected vendors (public transportation, mileage, etc.)
   - results of Participant Shopping Survey, if available
   - applications with price lists for all vendors competing with denied vendor
   - list of all competitors, ranked by composite price
   - composite price calculations for all competitors
   - letters of acceptance or denial for all competitors
   - any information documenting inaccuracies in the application
   - lists from home delivery vendors of participants served (as needed).

For Disqualified Vendors

- vendor application
- vendor agreement
- vendor review forms
- participant complaints
- correspondence

3. At the meeting, you and the state WIC office will discuss the case file and the reasons for the adverse action, and prepare for the hearing.

4. The state WIC office schedules the hearing to take place within 30 days of the receipt of the request, and sends a hearing notice stating the date, time, and place for the hearing to the vendor by certified mail. Copies are sent to you and the Hearing Officer.

5. After the hearing is scheduled, it may be rescheduled once, at the vendor's request.

CONDUCTING THE HEARING

1. The hearing is relatively informal, and may be tape-recorded.

2. The WIC Program presents its case first.

   o The designated representative of the state WIC office (usually an attorney from the Office of General Counsel for the Department of Public Health) makes an opening statement to explain, in a general way, why the decision being appealed was taken.

   o The WIC Program presents witnesses to show that the basis for the decision is accurate.

      * You may be asked to explain any program abuses, warnings, participant complaints, or vendor selection data relevant to the case

      * A participant may be asked to testify

      * An investigator may explain any compliance buy(s) performed

      * State WIC staff may discuss state policies, federal regulations, and duration of any sanction.

   o The vendor may question any WIC Program witnesses directly following their testimony.

3. The vendor (or her/his lawyer, spokesperson, or other representative) then presents the vendor's case. S/he may make an opening statement and present witnesses who may be cross-examined by the representatives for the state WIC program.

THE HEARING DECISION

1. The hearing officer has sixty days from the date of the initial hearing request to write the decision and to mail it by certified mail to the vendor. S/he also sends copies to you and to the state WIC office.

2. The hearing officer's decision is final.

3. The vendor may appeal the hearing decision to Superior Court.

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